

# Pediatric Paperwork

Champion Health Chiropractic

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Birth Height: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Mobile \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Mobile \_\_\_\_\_

Pediatrician/Family MD \_\_\_\_\_ City/State \_\_\_\_\_

Last Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for visit: \_\_\_\_\_

Who is responsible for this bill? \_\_\_\_\_

**1. CHILD'S CURRENT PROBLEM:** \_\_\_\_\_

2. Purpose of this visit: \_\_\_\_\_ Wellness Check-up \_\_\_\_\_ Injury or Accident \_\_\_\_\_ Other \_\_\_\_\_

Please Explain: \_\_\_\_\_

**3. If your child is experiencing Pain/Discomfort please identify where and for how long:**

\_\_\_\_\_

4. When did the Problem first begin? Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Unknown \_\_\_\_\_ Gradual \_\_\_\_\_ Sudden \_\_\_\_\_

5. Ever had this problem before? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, when? \_\_\_\_\_

6. Any bowel or bladder problems since this problem began? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

7. Have you seen any other doctors for this problem?

\_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, Who? \_\_\_\_\_

8. How long ago? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

9. What were the results of past treatment? \_\_\_\_\_

10. How is the problem now? Rapidly Improving Improving Slowly About the Same Gradually worsening On and off

11. List any medications taken: \_\_\_\_\_

12. List any past auto collisions: \_\_\_\_\_ Was any care received? \_\_\_\_\_

13. List any past falls bumps bruises: \_\_\_\_\_ Was any care received? \_\_\_\_\_

14. List any past sport, recreational, or home injuries: \_\_\_\_\_

15. Please describe any past conditions and treatment received: \_\_\_\_\_

16. Please list any past hospitalizations and surgeries: \_\_\_\_\_

**Father's side:**  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  
 Other \_\_\_\_\_

**Mother's side:**  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  
 Other \_\_\_\_\_

**Is there any other family history you want us to know?** \_\_\_\_\_

I understand that I am directly and fully responsible to Champion Health Chiropractic for all fees associated with chiropractic care my child receives.

The risks associated with exposure to ionization and spinal adjustments have been explained to me to my complete satisfaction, and I have conveyed my understanding of these risks to the doctor. After careful consideration I do hereby request and authorize imaging studies and chiropractic adjustments for the benefit of my minor child for whom I have the legal right to select and authorize health care services on behalf of.

Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/former spouse or other guardian is not required. If my authority to so select and authorizes this care should change in any way, I will immediately notify this office.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date