BAY CHIROPRACTIC

CONFIDENTIAL ***SCHOOL AGE*** *(6 – 15)* PATIENT HISTORY FORM

Sex:		First name:		Surname:	
Address:					
Suburb:		State:		Postcode:	
Mother's Name:		PH:		MO:	
Father's Name:		PH:		MO:	
Date of Birth:	/ /	Age:		Private Health Fund Name?	
Home Email address:					
Who referred you to our practice:					
Has child seen a chiropractor before?	**Yes / No**	When was last treatment?			
What is the main reason for attending this chiropractic clinic?					
Has your child had treatment for this complaint before?					

DEVELOPEMENT DETAILS:-

Any developmental issues requiring help in infancy?	**ie:- Speech / Crawling / Walking**

GENERAL HEALTH:- Please Circle.

Number of siblings?		Blood Group?		Appetite?	**GOOD / FAIR**
Activity & Energy Levels?	**GOOD / FAIR**	Immune System?		**GOOD / FAIR**	
Allergies?					

SCHOOL DIFFICULTIES:- Please Circle.

LEARNING / HEARING / SPEECH / COMPREHENSION / FOCUS / ATTENTION

More detail:-

Has your child taken any long-term medication in the past? Please list:

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Is your child taking any medication? Please list:

....

....

Has your child ever been to hospital or had any surgery? Please give details:

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Has your child ever had any significant trauma / injury? Please give details:

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Family History?

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Have you noticed your child has problems with any of the following:- Please Circle.

Headaches / Fever	Tantrums / Nightmares / Difficulty Settling
Ear Problems / Hearing	Discomfort with Neck / Head Held to One Side
Eye Problems	Skin Conditions
Nose / Sinus / Hayfever / Allergies	Lumps / Swellings / Bruising
Mouth Problems / Throat Infections / Teething	Gastrointestinal / Abdominal Discomfort / Reflux
Respiratory Infections / Asthma / Breathing Problems	Vomiting / Diarrhoea / Constipation / Digesting Food
New or Recurrent Cough	Genital Problems
Bones or Joint Pain / Growth & Development	Urinary Problems / Bedwetting
Psychological / Behavioural / Attention / Seizures	Heart Problems
Speech Problems	Muscle Control / Lack of Muscle Tone / Balance & Co-ordination

PARENT / GUARDIAN INFORMATION PRIOR TO TREATMENT

Changes to the law now require all practitioners who manipulate the spine to warn patients of the material risks. In extremely rare circumstances, it is possible to exacerbate a condition. All techniques employed are gentle and safe, and manipulations on children are provided with extreme care. Chiropractic adjustments (manipulation) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993).

If you have any questions relating to the treatment your child is about to receive, please speak to the chiropractor. If you understand the above information and give your consent to treatment please sign below.

Parent / Guardian Signature: ..... **Date:** / /