PROVIDENCE
CHIROPRACTIC

Child's Name: _____ Date of Birth: _____

Nicknames that you prefer we use to address your child: _____

Parent(s) names: _____

Address: _____

Phone number: _____ Email: _____

Birthweight: _____ Birth Length: _____

Current Height: _____ Current Weight: _____

Birth place (hosp name, birth center, home, etc…): _____

Provider (please circle one): MD Midwife Doula Other: _____

How can we help you? _____

_____

Please describe your pregnancy: _____

_____

Please describe your labor: _____

_____

Was there any head deformity: Y or N If yes, please describe: _____

_____

Child's APGAR score: _____ @ 1 min _____ @ 5 minutes

Name and location of Pediatrician: _____

Answer the following to the best of your ability. If you don't remember, state so with "?".

Did you/Are you nursing your child: _____ How is it going? _____

_____

How often does/did your child nurse: _____

Is/was there a preferred side: Y or N If yes, which side: Right Left

Bowel movements: _____

Pee habits: _____

Any signs of excessive crying: Y or N If yes, please explain: _____

_____

Any signs of colic or colic-like behavior: Y or N If yes, please explain: _____

_____

Babies/toddlers fall very often. Have any of the following occurred:

__ Fall off a changing table __ Fall out of crib __ Fallen down stairs
__ Fall off a play structure __ Fall off a Tric/bike __ Involved in a car accident
__ Broken bones

Is there/have there ever been sign(s) of:

__ Constipation __ Fevers __ Ear Infections
__ Sleep disturbance __ Colds __ Other illnesses
__ Stomach pains __ Excessive gas __ Diarrhea
__ Asthma __ Allergies __ Bed wetting
__ Neck pain __ Headaches __ Torticollis (head tilt)
__ Crying spells __ Night terror __ Signs of ADD/ADHD
__ Autism __ Other

Chiropractic helps to identify misalignments in the spine (called vertebral subluxation) which can alter normal nerve function. Since the nerve system orchestrates all functions of the body, it makes sense to have your nerve system checked as early as possible to help prevent any long term damage to the body due to spinal misalignments. Our job is to assess your child's spine using objective measurements to see if there are spinal misalignments that can cause altered nerve function. We use a number of tests that will help direct us to knowing if and where your child may need a gentle chiropractic adjustment.

We are excited that you have brought your child to us. We will carefully evaluate your child and make recommendations once we have made a thorough and necessary assessment. Caring for kids is a privilege and honor we take very seriously.

Consent To Evaluate And Care For A Minor Child

I, _____, being the parent or legal guardian of _____, hereby grant permission for my child to receive a chiropractic spinal and nerve system analysis that includes a history, spinal examination, and adjustment if necessary. All findings will be discussed prior to any care given and recommendations for care will be discussed in detail once all testing has been completed.

_____ _____

Consenting Adult's Signature Date

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Office Fee Schedule and Financial Policy

Service	Fee
Consultation	$ No charge
Initial Visit	$ 225
Adjustment	$ 65
Periodic Dynamic Exam	$ 85
Lifestyle Adjustment Plans	Individualized

Financial Policy and Chiropractic Active Life Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. We do not participate with any insurance companies. You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange a payment plan in advance. These plans are designed to be the most cost effective way to keep you and your family as healthy as possible. They include a care plan that is intended to bring you marked improvement in the function of your nerve system and a future care plan that is intended to maintain your progress. Details of these plans will be discussed with you during your Chiropractic Report.

- **Fees:** If you have health insurance that covers chiropractic and you choose to use it, we may file the insurance claim for you, but please remember that in the event of a dispute, your agreement with your insurance company is between you and them. **WE DO NOT DO ANY FOLLOW UP ON INSURANCE CLAIMS, WE DO NOT SUBMIT REPORTS, AND WE DO NOT DO SECONDARY INSURANCE BILLING**. Please note that some insurance companies participate to some extent. Each insurance company is different and it is your responsibility to find out if they cover you so that you may receive maximum reimbursement from them.

If an unusual situation arises, such as an auto accident or personal injury, and you are on a special plan with us, a new examination will need to be performed and you will be charged our regular fees until the claim is settled.

I, (name)_____have read and I understand the above policies.

_____ _____

Patient signature Date

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TERMS OF ACCEPTANCE/ INFORMED CONSENT

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal: the analysis, detection and correction of vertebral subluxation. It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

Chiropractic care is safe and the majority of patients experience great results. Some may experience temporary increased pain as their bodies change. Serious harm (fracture, dislocation, aggravation of an injury) is extremely rare and is not an inherent risk of Chiropractic adjustments. Some people seek care for symptoms of a stroke or cerebrovascular injury. Chiropractors are trained to be aware of these symptoms and will refer to appropriate medical personnel for proper care. Please advise us if you are taking blood thinners, if you have had any surgeries or have been diagnosed with osteoporosis, heart disease, cancer, stroke, fracture or previous injury.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

_____

(signature) (date)