



## Integrative Care & Vaccine Survey

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Complementary Options

Please check off which, if any, of the following you would consider for the care of your child(ren):

- |   |  |
|---|--|
| <input type="checkbox"/> Vitamins (high dose)   | <input type="checkbox"/> Chiropractic care |
| <input type="checkbox"/> Herbs (e.g. echinacea) | <input type="checkbox"/> Kinesiology       |
| <input type="checkbox"/> Homeopathic remedies   | <input type="checkbox"/> Other: _____      |

### Childhood Immunizations

Please indicate your current sentiments toward vaccines:

- ☐ Strongly supportive – we favor all CDC *recommended* vaccines
- ☐ Middle ground – we favor only vaccines *required* for school entry
- ☐ Serious concerns – planning religious exemption, home school, etc.
- ☐ Undecided
- ☐ Parents both agree on above. If not, explain: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Newsletter Sign-Up

Bambini has published a free quarterly since its inception in 2010. Contents include:

- |  |  |
|--|--|
| <input type="radio"/> What bugs are in town      | <input type="radio"/> Success stories  |
| <input type="radio"/> Novel treatment approaches | <input type="radio"/> Staffing updates |

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