

Kids Health History (age 9-16)

		Date:	
Namo			
How does your child wish to	be addressed in our office?		
Birth Date:	🛘 Male 🖟 Female		
Address:			
City/Province/Postal Code_			
Guardian's E-mail Address:			
Father's Name:		Father's Phone:	
Mother's Name:		Mother's Phone:	
Previous Chiropractor/ RM	ſ:	Last Visit:	
How did you hear about ou	r office?		
Current Health Profile *If your child currently h	as no symptoms or complain	its please skip to: Gener	al Health Profile.
*If your child currently h Health Concerns: List according to Their severity: 1. 2. 3.	Severity: When did 1= mild this episode 10= worst start?	If they've had this condition before, when?	ral Health Profile. Are symptoms constant or intermittent?

Please briefly describe your child's chief concern, including the effect it has had on their life:							
Since the problem start	ed, is it: 🛮 About the sar	me 🛚 Ge	tting Better	Getting Worse			
What makes it worse?_							
What has your child do	ne that has helped them	feel bet	ter?				
What has your child do	ne that was of NO help?						
Other Health Care Profe	essionals seen for this co	ndition:					
Name/Profession:	Date:		osis:	Treatment:	Results:		
·		_		rredement.	results.		
Were x-rays taken? [] N	lo ☐ Yes Area of body:_			Date	e:		
Current Medications &	Supplements:						
General Health Profil							
problem. Use P for Pas	ptoms your child has ev t and C for Current.:	er had, (even if they d	o not seem relate	ed to their current		
☐ Neck pain	☐ Pins and needles in ar	ms	☐ Low back ¡	oain	☐ Allergies		
☐ Headaches	Numbness in fingers			eedles in legs			
Lights bother eyes	☐ Shoulder pain		Numbness		☐ Loss of taste		
☐ Dizziness	☐ Mid back pain		Loss of bal		☐ Sinus trouble		
☐ Fainting ☐ Loss of concentration	Chest pain		☐ Foot troub	oblem	☐ Fatigue ☐ Cold sweats		
Buzzing in ears	Difficulty breathing		Stomach u		☐ Nervousness		
☐ Earache	☐ Sleeping problems		☐ Constipation	•	Depression		
☐ Cold hands	☐ Focus & memory issu	es	☐ Diarrhea		□ ADD/ADHD		
☐ Tension	☐ Cold feet		Skin condi	tions	☐ Mood swings		
☐ Frequent colds	☐ Leg/foot fain		☐ Anxiety/st	ress	☐ Hip pain		
□ Nausea	☐ Heart problems		☐ Fever		☐ Tension		
☐ TMJ pain/stiffness	Unexplained weight le	oss	☐ Arm/hand		☐ Brain fog		
☐ Epilepsy/seizures	☐ High blood pressure		☐ Unexplain	ed weight gain	☐ Joint pain		
Females Only: Date of	last period:		_				
☐ Menstrual Pain	☐ Cramps/backache		☐ Irregular n	nenstruation	☐ Excessive flow		
☐ Abnormal discharge	☐ Birth control pill		🛮 Intra-uteri	ne device			

Stress Profile

Chronic physical, chemical and emotional stress is the cause of most health problems. Please review these common stresses and circle when your child experienced it in their life. Use P for Past and C for Current. Your answers will help us to determine what contributed to your child's present health.

Physic	cal Stress:			Explanation:
	Forceps, suction extraction, or caesarean delivery	Р	С	·
	Accidents (auto, work related, falls or other)	Р	С	
	Surgical operations			
	Strains, sprains, and/or broken bones	Р	c	
	Poor posture (excessive screen use, studying)			
6.	Poor sleeping habits			
7.	Sports injuries	Р	C	
8.	Overweight	Р	C	
9.	Lack of exercise	Р	C	
Chem	ical Stress:			
1.	Take prescription or over-the-counter medication	Р	C	
	Use tobacco products			
3.	Use artificial sweeteners (aspartame, sucralose)	Р	C	
4.	Poor diet (fast food, white flour, white sugar)	Р	C	
5.	Environmental pollution			
6.	Energy drinks	Р	C	
7.	Recreational Drugs	Р	C	
Emoti	onal Stress:			
1.	Divorce of parents	Р	C	
2.	Death of a loved one	Р	C	
3.	Serious illness (self or a loved one)	Р	C	
4.	Procrastination	Р	C	
5.	Worry and/or fear	Р	C	
	Relationships	Р	C	
7.	Anger by you or at you	Р	C	
0	Low self-esteem	Р	C	

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

<u>Benefits</u>

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- Temporary worsening of symptoms Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- <u>Skin irritation or burn</u> Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- Sprain or strain Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Rib fracture While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- <u>Injury or aggravation of a disc</u> Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.
 - Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.
 - The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.
- Stroke Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.
 - Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.
 - Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

Date: 20	Date: 20
Name (please Print)	Signature of Chiropractor
 Signature of Patient (or legal guardian)	