

A BIG HELLO FROM CHIROPRACTIC CENTRAL!

✂ Name: (per Medicare Card): _____

✂ Residential address: _____

✂ Home Phone: _____ ✂ Mobile: _____ ✂ D.O.B: ____ / ____ / ____

✂ Parents/Guardians Names: _____

✂ Names & Ages of Siblings: _____

✂ How was your child referred to our office? _____

✂ Is your child visiting us for: (please circle)

Subluxation check up

Health evaluation

Obvious body signals (symptoms and dysfunction)

✂ Are there any cultural, psychological or social practices we need to be aware of relating to the provision of your child's chiropractic care? _____

✂ **The very first subluxation and spinal trauma can happen during the birthing process.**

✂ What was your child's labour like? _____

✂ How long was the entire labour? _____ ✂ How long did you actually push? _____

✂ Induced? Yes No ✂ Nerve Block? Yes No ✂ Any pulling on the head? Yes No

✂ C-Section? Yes No ✂ Forceps? Yes No ✂ Vacuum Extraction? Yes No

✂ **47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5 years old.**

✂ When was your child's most recent fall? _____

✂ Was any care given? _____ ✂ Was she/he checked by a chiropractor? Yes No

✂ And the fall before that? _____ ✂ Any care given? _____

✂ **Sports and recreational activities can cause imbalances in childrens' posture and spinal alignment.**

✂ What sports and/or recreational activities does your child participate in? _____

✂ When was your child's most recent stress, strain, or injury while doing these activities? _____

✂ Care given? _____

✂ **Statistics show that people are in an average of 1 car accident every 10 years.**

✂ Has your child been involved in a motor vehicle accident as a passenger? Yes No

✂ Briefly describe: _____

✂ Any treatment received? _____ ✂ Chiropractic? _____

✚ Subluxated vertebrae can cause irritation to different nerve fibres that can affect any organ or tissue, causing conditions now or in the future.

✚ Does your child have any health concerns? _____

✚ If so, how long? _____

✚ Depending on the type and degree of the subluxated vertebrae, the nerve pressure can result in differing effects in your child's body.

✚ Are there any other conditions your child is or was experiencing? _____

✚ How Long? _____

✚ What medications are being taken by your child _____

✚ If subluxation is present – children can exhibit a range of body signals.

✚ Please circle appropriately if your child has any of the following body signals:

Headaches

Recurrent Flu

Depression

Colic

Balance Problems

Failure to Thrive

Ear Infections

Behavioural Problems

Allergies

Asthma

Tension and Irritability

Poor School Performance

Bed Wetting

Skin Disorders

Abnormal gait

✚ What health goals does your child have?

1. _____

2. _____

3. _____

✚ I hereby authorise the Chiropractor and / or the delegates of the Chiropractor to perform any necessary diagnostic procedures, including x-ray to fully evaluate my child's condition for the presence of vertebral subluxation.

✚ Parent / Guardian's signature: _____ ✚ Date: _____

Our purpose is to educate, check and empower entire families to enjoy full human potential through natural, lifetime chiropractic care.

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