Modern Health Chiropractic

Child Interview

Thank you for trusting us with your child's health!

Child's name_____ Date _____
Child's Birth Date_____
Parent(s)name_____

Address_____

Parent/guardian contact information :
Home Phone_____ Work Phone_____Cell_____
(Please circle the phone number that is best to reach you at during our office hours.)

How did you discover our office?_____
Reason for consulting our office today:_____
What are your expectations for your child's care in this office?_____
_____
Please list any concerns for your child in order of importance:
1._____ 2. _____ 3._____
Have you seen any other professional for these concerns? Y N
If yes, describe the treatment and any results:
_____

Please check each of the following that has ever applied to your child
Please check each of the following that has ever applied to your Health

☐ Frequent sickness	☐ ADD/ ADHD	☐ School difficulties
☐ Ear infections (aching)	☐ Poor balance or coordination	☐ Stress or Anxiety
☐ Headaches	☐ Bed wetting	☐ Social fears/ problems
☐ Often unhappy/depressed	☐ Asthma/ Allergies	☐ Scoliosis/ Spinal problems
☐ X-rays or MRI	☐ Bone fracture	☐ Car accidents
☐ Spinal or head injury	☐ Falls	☐ Neurological conditions
☐ Birth Trauma (forceps, vacuum, c-section)		☐ Developmentally slow
☐ Sleeping issues	☐ Lack of muscle coordination	☐ Muscle weakness

If you checked any of the above boxes please explain in detail when and how the incident occurred as well as what was done about it and how it currently affects your child.

_____
_____
_____

Has your child ever been to a Chiropractor before? Y N When_____
Why did he/she go?_____
What were the results?_____
Why did you stop care?_____
Does your child have any conditions that may alter the way in which their care is delivered?
_____
Describe how your child's quality of:
Sleep_____
Diet_____
Exercise_____
Does your child take any nutritional supplements, vitamins, or medications? (Please explain)
_____
Does your child participate in any sports, lessons, talents, or hobbies? (Please explain)
_____
What are your most important goals for your child's health and life?
_____
Is there anything else that we need to know about your child that was not addressed on this form?

_____
_____
_____

Payment Policy

Payment is due at the time of, or previous to, services being rendered. All fees will be explained before any professional services are rendered. If you have insurance you may be able to be reimbursed for part of your expenses at our office.

We ask that you kindly give 24 hours notice to change an appointment. Office policy is that missed appointments that are not cancelled or rescheduled with 24 hours notice are subject to a $20 fee for each 10 minute time period scheduled.

Informed Consent

It is NOT the goal of chiropractic to treat any symptom, disease, or condition. Rather we care for the spine for the sole purpose of removing interference with and tension from the Nervous System. We also employ extremity work to improve muscle and joint stability and function. Every person is better with improved neural and musculo-skeletal function and this alone justifies our care. Research studies report improved health and wellness that is consistent with the care given. However, just what specific benefits your child will receive, no one can predict.

By my signature I give my consent to Modern Health Chiropractic LLC to use my client information and for a Doctor of Chiropractic to examine my child's spine and extremities. If I choose for my child to receive Chiropractic care, my payment for such services, and my bringing my child to each visit, in addition to my signature here; will serve as acknowledgment of my permission for a doctor of chiropractic to deliver such care to my child.

Privacy Notice

Your Child's health information is private and protected by law. This health information will only be used or disclosed for the purpose of giving care, billing, or supporting day-to-day operations in this office. You have a right to review the office file. You may restrict all or part of the health information. Our privacy manual is available at any time for you to review, and a detailed explanation of the privacy policy is available upon request.

I have had a chance to ask questions about the privacy policy and I give my permission to Modern Health Chiropractic LLC to disclose my protected health information in accordance with such policies.

_____

Parent/ Guardian Signature Date