Child Health Form

To be filled out by parent or guardian

Please Print Clearly and fill In completely.

Print Child's Name ______________________ **Date of Birth** ______________

Street Address ______________________________ **Apt.#** __________

City ____________________ **State** _____ **Zip** ________ **Phone** ______________

Please Check ✓ Sex: Male☐ Female☐ Right handed☐ Left handed☐

Health History:

Give reason for seeking chiropractic care: ______________________________

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Describe any health problems, including how long child has had them: ______________________________

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Is child under the care of any other doctor? Yes☐ No☐

If Yes, please list the doctors your child is seeing, the conditions being treated for, and any progress.

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List any current Medications: ______________________________

List any past surgeries & dates: ______________________________

List any past accidents & dates: ______________________________

List any x-rays child has had in the past 2 years: ______________________________

Chiropractic History:

Has child been to a Chiropractor before? Yes☐ No☐ If yes Doctor's Name ______________

Date of last chiropractic visit ______________ Reason for care ______________

Date of any chiropractic x-rays ______________ How long was child under care? __________

Are other family members under chiropractic care? - Yes☐ No☐ Who? ______________

Please describe any other information you feel would assist us in the care of you child?

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Print Parent's Name: ______________________ **Phone** ______________

Parent's Signature : ______________________ **Date:** __________

Broadway Chiropractic's Informed Consent to Pediatric Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as cold packs, manual traction and mechanical traction may also be used.

Possible risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as "rare", about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered "rare".

Other treatment options which could be considered may include the following:

- Over the counter analgesics. The risks of these medications include irritation to stomach, liver, and kidneys, and other side effects in a significant number of cases.
- Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
  Hospitalization in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
  Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of crosses.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual Risks: I have had the unusual risks of my particular case explained to me, if applicable

I have read the explanation above the chiropractic treatment. I have had the opportunity to have any question answered to my satisfaction. I have fully evaluated the risks and benefits of my child receiving chiropractic care. I have freely decided to undergo the recommended treatment, and hereby give my full consent.

I, *(Parent/Guardian name)* ________________________________ being the parent/legal

guardian of *(Child name)* ________________________________ have fully read and understand the

above, and hereby grant permission for my child to receive chiropractic care.

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Signature (Required)

_______/_______/_______
Date