

# Children's History/Exam Form

Name \_\_\_\_\_ Patient # \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ages \_\_\_\_\_ Date of Birth \_\_\_\_\_

Reason for contacting us? \_\_\_\_\_

Drug or other therapy for this condition \_\_\_\_\_

## History

### Pregnancy

Drugs During \_\_\_\_\_  
Problems \_\_\_\_\_

### Birth Position

Position \_\_\_\_\_  
Drugs During \_\_\_\_\_  
Emergency Procedure \_\_\_\_\_  
Duration \_\_\_\_\_  
Drugs/Shots After Birth (Mother or Baby) \_\_\_\_\_

### Breast Feeding

Was Child Breastfed \_\_\_\_\_  
How Long \_\_\_\_\_ Exclusively \_\_\_\_\_  
Any Problems if nursing? \_\_\_\_\_

Problems Since Birth \_\_\_\_\_

Vaccinations \_\_\_\_\_

Antibiotic History 0x \_\_\_\_ 1-3x \_\_\_\_ 4-8x \_\_\_\_ 9-19x \_\_\_\_ 20+ \_\_\_\_

**ASPINWALL FAMILY CHIROPRACTIC**

**TERMS OF ACCEPTANCE**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**Health:** A state of optimal physical, mental, and social well being, not merely the absence of infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuro-musculoskeletal conditions. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(please print your name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

**Consent to evaluate and adjust a minor child**

I, \_\_\_\_\_ being the parent or legal guardian of  
\_\_\_\_\_ have fully read and fully understand the  
above terms of acceptance and hereby grant permission for my child to receive  
chiropractic care

\_\_\_\_\_  
signature

\_\_\_\_\_  
date