ABOUT THE PATIENT

Name _____ Today's Date_____ Birthdate _____ Age_____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____Gender ❑ M ❑ F

Significant Other's Name _____ Kid's Names and Ages _____

Your Employer _____ Type of Work _____

e-Mail Address _____ Have you been to a chiropractor before? □ No □ Yes

What brought you in today? □ Website □ Internet Search □ Referral from _____ □ Other:_____

Emergency Contact _____ phone # _____

Name of Medical Doctor(s)_____

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize Vitality Chiropractic to release and request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient?_____
- I understand that after any initial promotional services all care is rendered at usual and customary fees.

_____ _____

Patient / Parent Signature (This represents a long term authorization for all occasions of service) Date

REASON FOR SEEKING CARE

PRESENT COMPLAINTS

1. ___ **GENERAL WELLNESS-** No Complaints, Feeling Great, Functioning Great and interested in keeping it that way.

2. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse

❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to_____

Pain Scale 0 1 2 3 4 5 6 7 8 9 10 What activities elicit pain?_____

3. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse

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Pain Scale 0 1 2 3 4 5 6 7 8 9 10 What activities elicit pain?_____

4. Does your condition affect: ❑ Sleep ❑ Work ❑ Daily Routine ❑ Sitting ❑ Driving
5. What makes it better?_____
6. What makes it worse? _____
7. What Doctor's have you seen for this?_____

_____

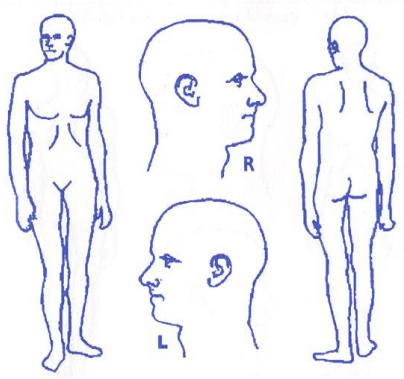
8. Type of treatment:_____
9. Results: _____

NOTES: _____

_____

_____

Please mark all areas of concern.



GENERAL CHILD/INFANT HEALTH HISTORY

Patient Name_____ *Mark the conditions that apply to you.*

Past	Present		Past	Present	
❑	❑	Headaches	❑	❑	Vision Problems
❑	❑	Ear Infections	❑	❑	Sleeping Problems
❑	❑	Colic	❑	❑	Growing Pains
❑	❑	Allergies / Asthma (circle)	❑	❑	Dental Problems
❑	❑	Medication Side Effects	❑	❑	Temper Tantrums
❑	❑	Recurring Fevers	❑	❑	ADHD
❑	❑	Digestive problems	❑	❑	Seizures
❑	❑	Bed Wetting	❑	❑	Scoliosis
❑	❑	Chronic Colds/Sinus	❑	❑	Ever Needed Stitches
❑	❑	Other _____			

1. List any medications being taken:_____
2. Number of courses of Antibiotics child has taken in the last 6 mo._____ Total during lifetime_____
3. Name of Pediatrician and Other Doctors: _____
4. Date of Last Visit _____/_____/_____ Reason:_____
5. Name of Obstetrician/Midwife:_____
6. Location of Birth: ❑ Hospital ❑ Birth Center ❑ Home Age (weeks) at birth: _____ Birth Wt _____
7. Complications During Pregnancy: ❑ No ❑ Yes Explain:_____
8. Medication During Pregnancy / Delivery ❑ No ❑ Yes List:_____
9. Cigarette / Alcohol Use during Pregnancy: ❑ No ❑ Yes
10. Age at Milestone: _____ Raising Head _____ Crawling _____ Solid food introduced _____ Walking
11. Has any Doctor / Other Professional advised you to "Take the child to a Chiropractor ": ❑ No ❑ Yes, Name_____

PAST HISTORY

12. List any past auto collisions:_____ Was any care received?_____
13. List any past falls bumps bruises: _____ Was any care received?_____
14. List any past sport, recreational, or home injuries:_____
15. Please describe any past conditions and treatment received: _____

_____

16. Please list any past hospitalizations and surgeries: _____

_____

FAMILY HISTORY

Father's side: □ Heart Disease □ Cancer □ Diabetes □ Heavy Medication use □ Arthritis □ Other_____

Mother's side: □ Heart Disease □ Cancer □ Diabetes □ Heavy Medication use □ Arthritis □ Other_____

Is there any other family history you want us to know?_____