

ANNANDALE FAMILY & SPORTS CHIROPRACTIC

Welcome to Annandale Family & Sports Chiropractic, PA

Infant / Child Intake

Today's date: _____

Name: _____ Birthdate: _____

Gender: F M (Please check box)

Address: _____ City: _____ State: _____ Zip: _____

Parents' Names: _____

Parent's Cell Phone: _____ Other Phone: _____

Siblings and ages: _____

Was the patient referred to our clinic? If so, by whom:

What brings the patient in today?: _____

Older siblings with similar condition? Yes No (Please check box)

List current medications: _____

List all allergies: _____

List of diagnosed medical conditions: _____

Type of Birth: Vaginal C-section (Please check box)

Birth Trauma?: Doctor assisted Twisting, pulling Vacuum Extraction Forceps
(Please check box)

Other Newborn trauma (medical procedures and tests):

Did you breast-feed your child? Yes No (Please check box)

How long did you breast-feed? _____

If breast fed, does the patient's mother have any food allergies?: Yes No

Siblings with history of food allergies?: Yes No (Please check box)

List Food Allergies: _____

Can you recall any such jolts, falls or traumas to your child? Yes No (Please check box)

Please describe: _____

Number of wet diapers per day (5-6/day is average)? _____

Number of soiled diapers (3-4/day is average)? _____

Normal weight gain? Yes No (Please check box)

I understand the intake information and have accurately completed it to the best of my knowledge. It is my responsibility to inform this office of any changes to the information I have provided. Entering/typing name in the signature field above constitutes signing the document, confirming the signer has read, understands, and agrees to the terms and conditions stated.

Parent's Signature

Date

Records Release

Annandale Family & Sports Chiropractic, PA is authorized to release any information deemed appropriate concerning my physical condition, including diagnosis and records of treatment or examination, to my insurance company, attorney, or adjuster in order to process any claim for reimbursement of charges incurred. Entering/typing name in the signature field above constitutes signing the document, confirming the signer has read, understands, and agrees to the terms and conditions stated.

Parent's Signature

Date