M & Y Chiropractic Health and Wellness Centre

Confidential Pediatric Health History Form

Date: ________________________

Last Name: _____________________________________ First Name: ____________________________M / F

Address: ________________________________ City: __________________ Postal Code: ________________

Phone# (H): _______________________ Other Phone # _______________________________________

D.O.B. ______/______/_______ Place of Birth _______________________________________
day month year

Mom's Name _________________________________ Occupation __________________________________

Dad's Name __________________________________ Occupation __________________________________

How were you referred to our clinic? ____
(Person's name, phone book, signs, etc…)

	NAME:	**ADDRESS:**	**PHONE #:**
Current Chiropractor:			
Current Massage Therapist:			
Current Naturopath:			
Current Medical Doctor:			

* *

CHIEF CONCERN:

What is your main reason for coming in today? ____

____

How long? ______________________________________ Onset? ____

What is the frequency? ____________________________ How long does it last? ____________________________

What makes it better? _____________________________ Worse? _______________________________________

Any previous treatments? ____

Any other concerns? ____________________________ Past health concerns? __________________________

____ ____

____ ____

IMMUNIZATIONS: Please give date of immunization

☐ Measles, Mumps, Rubella _______________ ☐ Influenza ________________ ☐ Hepatitis ____________

☐ Diphtheria, Pertussis, Tetanus ____________ ☐ Small Pox _______________ ☐ Polio _________________

☐ Other _________________________________

Any adverse reactions? ____

16775 Yonge St. Ste 214 Newmarket, ON L3Y 8J4 (905) 898-6644

M & Y Chiropractic Health and Wellness Centre
Confidential Pediatric Health History Form

FAMILY HISTORY: Please check appropriate boxes.

	Age	Allergies	Cancer	Hyper-tension	Heart Disease	Arthritis	Diabetes	Mental Illness	Birth Defects	Tuber-culosis	Other
Mother											
Father											
Mom's side – Grandmother											
Mom's side – Grandfather											
Dad's side – Grandmother											
Dad's side – Grandmother											
Siblings (please list)											

PRENATAL HISTORY:

Age at conception – Mom: _____ Dad: _____

Weight gain: _____

Any illnesses during pregnancy? (please check).

☐ Hypertension. ☐ Diabetes. ☐ Pre-eclampsia.

☐ Nausea / Vomiting. ☐ Infections. ☐ Anemia.

☐ Bleeding. ☐ Thyroid problems. ☐ Physical / emotional stress.

☐Cigarette / alcohol / drug consumption? How much? _____

☐ Supplements / medications? (Please list).____

Any miscarriages or abortions?_____

M & Y Chiropractic Health and Wellness Centre
Confidential Pediatric Health History Form

BIRTH HISTORY:

Gestation length: _____ Weight at birth: _____ Length: _____

Length of labour: _____ ☐ Spontaneous ☐ Induced ☐ C- section ☐ Vaginal

Any complications? _____

Any interventions? _____

NEONATEL HISTORY (0 – 2 months):

Did your infant experience any of the following at birth or soon after? (Please check).

☐ Jaundice	☐ Feeding problems	☐ Hypoxia	☐ Cyanosis
☐ Anaemia	☐ Convulsions	☐ Congenital abnormalities	☐ Infection
☐ Colic	☐ Rashes	☐ Elimination problems	

Other? _____

CHILD'S HEALTH HISTORY:

Has your child had any of the following? (Please check).

☐ Chickenpox	☐ Mumps	☐ Scarlet Fever	☐ Rubella
☐ Tonsillitis	☐ Pneumonia	☐ Measles	☐ Rheumatic Fever
☐ Hives	☐ Frequent colds	☐ Sore throat	☐ Asthma
☐ Eczema	☐ Diarrhoea	☐ Constipation	☐ Wheezing
☐ Vision problems	☐ Frequent vomiting	☐ Growing pains	☐ Fevers
☐ Gas / bloating	☐ Ear infections (*How many?* _____)		☐ Rashes
☐ Other? _____			

Any treatment? _____

Any allergies? *Please list:*_____

Any accidents / injuries? *Please list what happened and when:* _____

_____

_____

Hospitalizations? *What for and when?*

_____

_____

_____

16775 Yonge St. Ste 214 Newmarket, ON L3Y 8J4 (905) 898-6644

M & Y Chiropractic Health and Wellness Centre
Confidential Pediatric Health History Form

MILESTONES:*(please state age achieved)*

Sit up: _____ Crawl: _____ Walk: _____ Teeth: _____ Talk: _____ Puberty: _____

SLEEP:

☐ Sleep through the night (*hours*) ☐ Nap during the day ☐ Night terrors

What time to bed? _____ Get up? _____

DIET:

☐ Breast fed? *How long?* _____ ☐ Formula? *What kind? (please circle)* Dairy Soy Other

FOOD INTRODUCTION:

Age began solid foods? _____ What was introduced first? _____

Any reactions? _____

Any food allergies / intolerances? _____

Any special diet? (i.e. vegetarian, religious etc.) _____

How are they eating now? _____

Favourite food? _____ Least favourite food? _____

Please list foods eaten in a typical day:

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

M & Y Chiropractic Health and Wellness Centre
Confidential Pediatric Health History Form

BOWEL MOVEMENTS:

How often does your child have a bowel movement? _____

Has your child ever had blood or mucous in his / her stool? _____

Do you see any undigested food in the stool? _____

Does your child have to strain to have a bowel movement? _____

MEDICATIONS / SUPPLEMENTS:

Please list: _____

_____

_____

_____

_____

SOCIAL:

☐ Day Care ☐ Caregiver ☐ School Grade? _____

What do they like best at school? _____

What don't they like? _____

What do they do well at? _____

Extracurricular activities? *(Please list)*

Thank you for taking the time to fill in this in-depth questionnaire.

16775 Yonge St. Ste 214 Newmarket, ON L3Y 8J4 (905) 898-6644

M & Y Chiropractic Health and Wellness Centre
Confidential Pediatric Health History Form

CONSENT TO TREATMENT

Naturopathic medicine is a unique approach to improving health and treating illness. Focusing on prevention, and using natural substances and treatments, Naturopathic Doctors support and stimulate the body's ability to heal itself. The methods used in this clinic for assessment include case history taking, physical examination and laboratory testing. Therapeutics include nutrition, homeopathy, botanical (herbal) medicine, physical medicine, hydrotherapy, detoxification techniques, acupuncture, hypnosis and lifestyle counseling.
Each person must sign this document before any treatment will be rendered.
My signature acknowledges that I have been informed and understand that:

(1) I am encouraged to create a comprehensive health care team working towards my best interests and continue to seek medical care from other health care practitioners qualified to practice in Ontario such as a physician, surgeon, dentist, chiropractor, etc., as required.

(2) I understand that Naturopathic Doctors are required by their licensing boards to perform a screening physical examination on each new patient. This will be adhered to unless a full report is sent by the referring practitioner and that report is accepted by the attending practitioner.

(3) I have received a full and complete explanation of the treatments or services that I may receive at this office and hereby authorize and consent to treatment.

(4) I understand that working with a Naturopathic Doctor involves a team-like approach and while I expect my Naturopathic Doctor to provide me with appropriate individualized advice as to how to attain my wellness goals, I also commit to being responsible for my own health. If I am having difficulty following a treatment plan that I have agreed to, I will contact my Naturopathic Doctor so that we can make whatever modifications are necessary for my lifestyle to ensure that I continue to work towards my goal of wellness at whatever pace we decide on together.

(5) I agree to pay my full account at the time of each visit or treatment, including fees for services and costs of supplements, reference materials and laboratory tests. I am aware that these fees are not covered by OHIP. In the event that an invoice is not paid in a timely manner, I understand that 2% per month interest will be added to any outstanding balances.

(6) I am aware that I can purchase the products recommended by my Naturopathic Doctor at the location of my choice. I am under no obligation to purchase products at M&Y Chiropractic Health & Wellness Centre.

(7) I understand that to provide me with Naturopathic goods and services, M&Y Chiropractic Health & Wellness Centre must collect and use some personal information about me as required by law and governing bodies. Any other use of any personal information will require my express written consent.

(8) I understand that payment is due at the requested appointment time. I understand that M&Y Chiropractic Health & Wellness Centre requires a minimum of 24 HOURS NOTICE of any appointment change or cancellation. If I do not give 24 hour notice or fail to appear for my requested appointment time, I agree to pay the full fee for my appointment. I understand that this time is reserved for me. Initials_____

I, _____, have read, understood and acknowledge the above statements.

Signature of Parent: _____ Date: _____

Signature of Primary ND: _____ Date: _____