spadinachiropracticcentre
wellness and lifestyle

Infant, Child & Adolescent Health History Intake Form

First Name: _____ Last Name: _____

Parent 1: _____ Parent 2: _____

Birthdate: _____ (D) _____ (M) _____ (Y) / Gender: F □ M □ / Marital Status: S □ M □ D □ Common-Law □

Address: _____ Apt. No. _____

City: _____ Province: _____ Postal Code: _____

Home # (____) _____ Cell # (____) _____ Work # (____) _____

E-mail: _____

Tell us about your pregnancy:

Did you carry to full term? _____

Describe any complications and when they occurred:

_____

_____

Tell us about your delivery and birth of this child:

	Y	N		Y	N
Did you use a midwife?	□	□	Were you induced?	□	□
Hospital?	□	□	Did you have an Epidural?	□	□
Obstetrician?	□	□	Was it a difficult birth?	□	□
Did you have a C-Section?	□	□	Baby's APGAR Score at birth?	□	□
Were forceps used?	□	□	Baby's APGAR Score at 5 minutes?	□	□
Vacuum Extraction?	□	□			

Tell us more:

Did you breastfeed? □ Y □ N How long? _____ What formula after? _____

Did you consume alcohol during your pregnancy? □ Y □ N How much? _____

Did you smoke? □ Y □ N How much? _____ How long? _____

Did you take any medication during your pregnancy? □ Y □ N For what? _____

What type(s)? _____

Any exposures to ultrasound? □ Y □ N How many? _____

As a baby/toddler, (birth to 4 years), did any of the following occur?

- □ Fall from a change table
- □ Frequent crying spells
- □ Tumble down stairs
- □ Frequent fevers
- □ Fall out of crib
- □ Frequent bouts of diarrhea
- □ Involved in car accident
- □ Constipation
- □ Fall off playground equipment
- □ Sleeping problems
- □ Play in A Jolly Jumper @ _ mos/yrs
- □ Frequent colds
- □ Frequent ear infections
- □ Colic
- □ Tonsillitis
- □ Did not gain weight
- □ Reaction to vaccination
- □ Other: _____

As a young child, (5-12 years), has your child experienced any of the following:

- □ Fall from a tree
- □ Bed wetting
- □ Fall of a bicycle
- □ Hyperactivity/Autism
- □ Fall of playground equipment
- □ Learning difficulties
- □ Sports accident
- □ Asthma
- □ Car accident

DR. EVA CHAN, M.Sc., D.C.
DR. JOSHUA GELBER, B.Sc., D.C.

Spadina Chiropractic Centre – 200-738 Spadina Avenue, Toronto, Ontario M5S 2J8

spadinachiropracticcentre
wellness and lifestyle

- ☐ Allergies
- ☐ Stomach pains
- ☐ Leg/knee pains
- ☐ Scoliosis
- ☐ Other: _____

As a child or adolescent, has your child experienced any of the following:

- ☐ Headaches
- ☐ Numbness in arms/hands
- ☐ Foot/ankle/knee pains
- ☐ Dizziness
- ☐ Arm/wrist pains
- ☐ Frequent bouts of diarrhea
- ☐ Tingling in arms/legs
- ☐ Ringing in ears
- ☐ Sleeping problems
- ☐ Weight gain/loss
- ☐ Neck/back pains
- ☐ Asthma
- ☐ Allergies
- ☐ Shoulder pains
- ☐ Hyperactivity
- ☐ Stomach problems
- ☐ Growing Pains
- ☐ Fatigue
- ☐ Other: _____

Which of the problems you have checked off is the worst? _____

Is this problem: Constant ☐ Intermittent ☐ Occasional ☐ Cyclic ☐

How long has it persisted? _____

When it is at its worst, how does it make your child feel? _____

What have you done about it that has not worked? _____

What makes it worse? _____

What effect does this problem have on your child's body functions?

_____

_____

On his/her participation in daily activities? _____

Describe any hospital stays:

_____

_____

Approximately how many times have antibiotics been prescribed and for what conditions?

_____

_____

List any medications your child is currently taking:

_____

To summarize, what is your purpose for this appointment?

_____

_____

17. Is there anything else you feel we should know?

_____

_____

Signature of Parent or Guardian: _____ Date: _____

DR. EVA CHAN, M.Sc., D.C.
DR. JOSHUA GELBER, B.Sc., D.C.

Spadina Chiropractic Centre – 200-738 Spadina Avenue, Toronto, Ontario M5S 2J8

spadinachiropracticcentre
wellness and lifestyle

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. The Spadina Chiropractic Centre has only one goal. It is important that each patient understand both the objective and the method that will be able 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 disease or infirmity.

Vertebral Subluxation *(Nervous System Traffic Jam)*: 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 or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, 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 a health care provider who specializes in that area.

Our only practice objective is to eliminate a major interference to the expression of the body's internal power. Our method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.

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

I therefore accept the potential for chiropractic care on this basis.

_____ _____

Patient Signature/Guardian's Consent Date

DR. EVA CHAN, M.Sc., D.C.
DR. JOSHUA GELBER, B.Sc., D.C.

Spadina Chiropractic Centre – 200-738 Spadina Avenue, Toronto, Ontario M5S 2J8