ESSENTIAL WELLNESS CHIROPRACTIC & MASSAGE

We are so happy you're here! Please take your insurance card to the front desk when you check in.

PEDIATRIC HEALTH HISTORY FORM Today's Date: _____

Child's Name:_____

Prefers to be called: _____

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

Mother's Name: _____ Father's Name: _____

Mother's Phone #: _____ Father's Phone #: _____

Email: _____

Child's Date of Birth: _____ Male / Female: (circle one)

Reason for consulting our office: _____

Whom may we thank for referring you? _____

Has child been to a chiropractor before? YES / NO (circle one)

Pediatrician: _____

Why is this form so important?

As a family chiropractic office, we focus on your child's ability to be well. Our goals are:

1. Address the issues that brought you to this office.
2. Offer you and your child the opportunity of improved health potential and wellness services.

If your child has no symptoms or complaints, and is here for wellness services, please check here ☐

If you came in today for a specific complaint, please fill out the next portion briefly describing it.

If he/she is experiencing pain, is it (check all that apply):

☐ Sharp ☐ Shooting

☐ Burning ☐ Aching

☐ Dull ☐ Burning

☐ Comes and Goes ☐ Constant

Since the problem started is it: ☐ Same ☐ Better ☐ Getting worse

What makes it worse? _____

What does it interfere with? _____

Who else have you seen for the issue? _____

Has it helped? _____

List medications the child is currently taking:

_____

Past surgeries, traumas or accidents:

_____

Daily we experience physical, chemical, and emotional stresses that can accumulate and result in serious loss of health potential. Most times the effects are gradual and begin very early in life. Answering these questions will give us information that will allow us to better assess the challenges to your child's health potential.

Pregnancy:

Third trimester presentation: ☐ Head down ☐ Breech ☐ Transverse

Were there any complications to the pregnancy? _____

Birth and Delivery:

Where was the baby born? ☐ Home ☐ Hospital ☐ Birthing center

Was the delivery: ☐ Vaginal ☐ Cesarean Forceps Vacuum/ Suction Cap

How long was labor? _____ How long was the delivery? _____

Was oxytocin/Pitocin used? Yes/No (Circle one)

Was an epidural used? Yes/No (Circle one)

Congenital Anomalies/Defects?

_____

Infancy:

Was the infant vaccinated? Yes/No (Circle one) If Yes, alternative schedule? Yes/No

Infant feeding: ☐ Breast ☐ Formula Type: _____

Number of hours sleeping per night? _____

Quality of Sleep? ☐ Good ☐ Fair ☐ Poor

Was there any prolonged use of medications or an inhaler? Yes/No (Circle one)

If yes, Explain: _____

Childhood years (1 years +):

Did the child have any childhood illnesses? Yes/No (Circle one)

If yes, explain: _____

Does the child play any youth sports? Yes/No (Circle one)

If yes, which one(s)? _____

Has the child suffered any physical traumas or surgeries? Yes/No (Circle one)

If yes, explain: _____

Has the child suffered from emotional traumas? Yes/No (Circle one)

Please give us any other health information you feel would be helpful:

_____

_____

Are you interested in learning about therapeutic grade essential oils? Yes / No (circle one)

The statements made on this form are accurate to the best of my recollection and I request and give consent to Essential Wellness Chiropractic to examine and care for my child.

Guardian's Signature: _____

Relationship to child : _____ Date signed: _____

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INFORMED CONSENT TO CHIROPRACTIC TREATMENT

The nature of chiropractic treatment. The doctor will use her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop," such as the noise when a knuckle is "cracked," and you may feel movement of the joint.

Possible risks. As with any health care procedure, complications are possible following a chiropractic manipulation, although extremely rare. These include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. Cerebrovascular incident can occur upon severe injury to arteries of the neck, but research has shown no causal relationship between adjustments and stroke. A minority of patients may notice stiffness or soreness after the first few days of treatment.

Probability of risks occurring. The risks of complications due to chiropractic treatment are rare, about as often as complications seen from taking a single aspirin tablet.

Other treatment options. Alternatives to chiropractic care include over-the-counter analgesics, prescription medications, injections, and surgery, all of which have their own associated risks.

Risks of remaining untreated. Delay of treatment carries risks as well, and can complicate the condition and make future rehabilitation more difficult. It allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles.

I understand that my doctor at Essential Wellness Chiropractic cannot make any promises or guarantees regarding improvement in my condition. I understand that my doctor will share with me her opinion regarding potential results from chiropractic treatment for my condition and will discuss treatment options with me.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment and hereby give my full consent to treatment.

Printed name: _____ Date: _____

Signature: _____ Witness: _____

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WHAT TO EXPECT AFTER YOUR FIRST ADJUSTMENT

Please keep this form and read the following information carefully.

1. If you have never been adjusted or if it has been awhile since your last adjustment, you may experience soreness or discomfort for a few hours to a few days. This is a normal reaction to chiropractic adjustments.

2. If you experience soreness, use ice on the affected area. Ice therapy consists of the use of ice packs at 20 minute intervals followed by 20 to 40 minutes of rest. This can be repeated as often as needed. Always protect the skin with a thin covering such as a shirt or thin towel.

3. Do not use heat except under Dr. Marchman's instruction. Heat may aggravate your injury.

4. Avoid heavy lifting for at least 24 hours after your adjustment.

5. Take caution when performing strenuous athletic activities such as running, lifting weights, tennis, high impact sports, as well as yard work or house work that may aggravate your condition. We believe activity is a good thing and our goal is to get you back to feeling 100% as soon as possible. We want you to be active as your body heals, but also know when you need to slow down.

6. Unless indicated by Dr. Marchman, you may return to school or work after your appointment.

7. Drink plenty of water for 24 hours after your adjustment.

8. If a sudden movement causes a sharp or severe pain or if you experience swelling, contact our office at 470-522-7801.

Please visit our website at www.drmarchman.com and LIKE us on Facebook at www.facebook.com/essentialwellnesschiropractic for news and updates about our office.