

CHILDREN'S HEALTH QUESTIONNAIRE

Name: _____ Home Phone: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Email: _____

Parents' Full Names: _____

We have found that most spinal problems we see in adults originated in the childhood years. Some of these problems are hereditary and some are the result of early trauma to the young, developing spine. In order to assist us in determining whether your child has a need for chiropractic, we ask that you answer the following questions:

During the birth of the child:

Was it a difficult birth? _____ Were forceps/vacuum used? _____ Was birth induced? _____
Was it a long delivery? _____ Was it a breech birth? _____ Was it caesarean? _____
Length of labour? _____ Was the baby carried to full term? _____

Has your child ever had a fall:

Off a change table? _____ Out of a crib? _____ Down stairs? _____ Out of a tree? _____
Off a bicycle? _____ Off of playground equipment? _____
Ever been in a car accident? _____ Other _____

Does your child have or has your child suffered any of the following:

Headaches? _____ Growing pains? _____ Allergies? _____ Asthma? _____ Leg pain? _____
Neck pain? _____ Dizziness? _____ Scoliosis? _____ Frequent colds? _____ Ear infections? _____
Bed wetting? _____ Constipation? _____ Hyperactivity? _____ Low back pain? _____
Slow academic process? _____ Stomach/eating problems? _____
Reactions to vaccinations? _____ Explain: _____

Many spinal problems can be hereditary or traumatically induced!

Is there any history of spinal problems with the child's parents or grandparents?

As the parent or guardian of _____ (child's name), I hereby authorize Dr. Ivanchuk/Dr. Milen to treat with chiropractic adjustments as he deems necessary.

Parent/Guardian Signature: _____ Date: _____

Dr. Brad Ivanchuk, BSc DC
Dr. Rupinder Sharma, BSc DC
LIFE CHIROPRACTIC CENTRE
8 – 2501 Guelph Line N
Burlington, ON L7M 2A3

CONSENT TO TREATMENT WITH LIFE CHIROPRACTIC CENTRE

Our clinic is dedicated to assisting you in recovering your child's health naturally. Please review the following and sign in the area provided.

I clearly understand and agree that all services rendered to my child are charged directly to me and that I am responsible for payment to the doctor. All fees are due at time of service unless other arrangements have been made and agreed upon by both parties.

I hereby request and consent to the performance of any necessary chiropractic procedure, and if necessary, diagnostic x-rays, on my child by the doctor of chiropractic named below and/or anyone working in this office or clinic personnel, the nature and purpose of chiropractic named below and/or anyone working in this clinic authorized by the doctor of chiropractic named below.

I have had an opportunity to discuss with the doctor of chiropractic/staff members named below and/or with other office or clinic personnel, the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I further understand and am informed that, as in all health care, in the practice of chiropractic there are some very slight risks to treatment, including but not limited to, muscle strains and sprains, disc injuries and strokes. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on the facts then known and is in my best interest.

I agree to Life Chiropractic Centre collecting and using personal information about me as set out in their Privacy Policy, which I have the right to review at any time.

I have read the above consent. I have also had an opportunity to ask questions about its content and by signing below I agree to a consultation regarding my present concerns, the appropriate chiropractic examination as deemed necessary by the doctor and all chiropractic adjustments up until my clinical report of findings/recommendations.

Patient's Name: _____ Parent's Name: _____

Parent's signature: _____ Date: _____

By signing this document, I understand fully and completely all terms and conditions set forth regarding treatment with Life Chiropractic Centre.

**Dr. Brad Ivanchuk/ Dr Rupinder Sharma – LIFE CHIROPRACTIC CENTRE
8-2501 Guelph Line N, Burlington, ON L7M 2A3, 905-335-LIFE (5433)**

We help families build vibrant, healthy, drug-free lives