Paediatric Intake Form

Vida Chiropractic

The purpose of our office is to restore and maintain the health of our patients through natural chiropractic methods. Please complete this confidential health questionnaire fully and accurately. The more we know about the overall picture of your child's health, the better we will be able to help you.

PATIENT DEMOGRAPHICS

Name:_____ Birth Date (MM/DD/YR): _____-_____-_____ Age: _____ Male / Female

Address:_____ City: _____ Prov:_____ Postal Code:_____

E-mail Address: _____ Home Phone:_____

Mother's Name:_____ Cell Phone:_____

Father's Name:_____ Cell Phone:_____

Whom may we thank for referring you to this office? _____

BC Care Card Number or Personal Health Number: _____

Paediatrician/Family MD: _____ _____ City: _____

Last Visit: ___/___/_____ Reason for the Visit:_____

HISTORY of COMPLAINT

Please identify the complaints/reasons for your child's visit to our office (i.e. wellness check-up, injury):

1: _____ 2: _____ 3: _____

On the scale of **0** to **10,** with **10** being the most significant, rate the above complaints by **circling the number:**

Primary or chief complaint:	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Secondary complaint:	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Third complaint:	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Is this problem the result of an accident or injury? YES / NO If YES, describe:_____

Has your child had this problem before? YES / NO If YES, when?_____

When did the problem(s) begin?_____ When is the problem at its worst? (circle one) AM / PM / mid-day / late PM

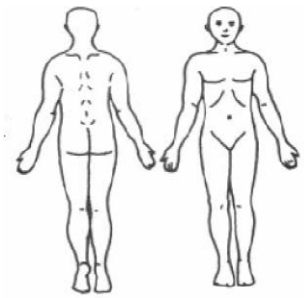
How long does it last? (circle one) It is constant / **OR** / It is off and on during the day / **OR** / It comes and goes through the week.

Have the condition(s) ever been treated by anyone in the past? YES / NO

If **yes**, when? _____ By whom? _____ How long were they under care? _____

What were the results? _____ Name of Previous Chiropractor: _____

***PLEASE MARK** the areas on the Diagram with the following letters to describe any symptoms:
R = Radiating B = Burning D = Dull A = Aching N = Numbness S = Sharp/Stabbing T = Tingling



What relieves symptoms? _____

What makes them feel worse? _____

Please list any medication taken for the problem:_____

Dr. Brian Bittle Chiropractic Inc.
140-1640 Leckie Rd., Kelowna, BC V1X 7C6 • Phone: 250-861-5444 • Fax: 250-861-5417 • Web: www.vidachiropractic.ca

Identify any other injury(s), minor or major, that the doctor should know about (falls as an infant, sports injuries, car accidents):

_____

_____.

Have your child had x-rays of their spine in the last 2 years? YES / NO If yes, where were they taken? _____

PAST HISTORY

Complications during pregnancy/delivery? YES / No If YES please describe:_____

Birth weight:_____ Current weight:_____ Cigarette/Alcohol use during pregnancy? YES / NO

Birth interventions: Forceps / Vaccum Extraction / C-section Location of Birth: Hospital / Birthing Centre / Home

Allergies or food/drink intolerances: YES / NO If YES, please list:_____

Number of antibiotic prescriptions child has taken during lifetime:_____ Number in the last 6 months:_____

Number prescriptions medications child has taken during lifetime:_____ Number in the last 6 months:_____

Has your child been vaccinated? YES / NO Any reactions or side effects? YES / NO

		How long ago	Type of Care Received	By Whom
Injuries	→			
Surguries	→			
Childhood Diseases	→			

Opt-In Consent for E-mail

- I would like to communicate by email with Vida Chiropractic.
- I understand that my email authorization and a copy of the email guidelines I have received will become part of my permanent medical record.
- Emails containing transitory information (routine or short term transactions, and contain little or no information of ongoing value, i.e. confirmation of appointments) will be securely deleted by the Clinic.
- Email correspondence containing clinical or significant information will be entered into my permanent medical record by Vida Chiropractic.
- I understand that the Clinic will normally respond to email communications within 1 business day. If I have not heard from the Clinic by this time, I will phone the Clinic.

☐ I agree to receive email reminders from Vida Chiropractic for my appointments. To opt-out of this reminder service, simply notify us by phone 250-861-5444 or email at office@vidachiropractic.ca.

☐ I agree to receive Vida Chiropractic's monthly newsletter containing chiropractic research, chiropractic testimonials and information pertaining to health and well being. To opt-out of this service, simply notify us by phone 250-861-5444 or email us at office@vidachiropractic.ca.

The email I would like to have on file is a personal, non-shared, confidential email. I assure Vida Chiropractic that information sent to this email is secure and does not place Vida Chiropractic at risk of breaching confidentiality or privacy regulations.

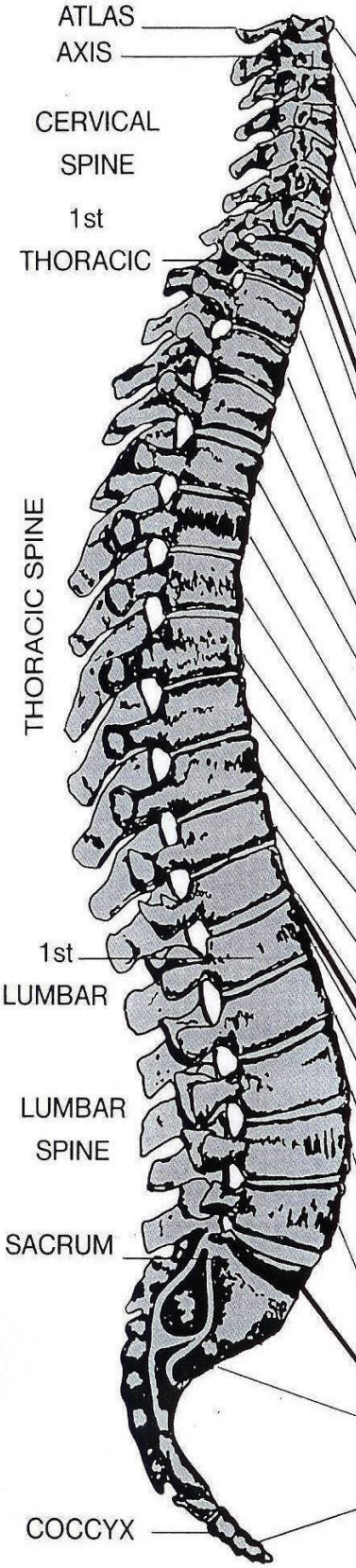
The Statements made on this form are true to the best of my knowledge and I consent to allow Vida Chiropractic to further evaluate my condition with an exam and other tests as deemed necessary by the doctors.

Name: _____ Signature: _____ Date: ___/___/_____

Parent or Guardian

SYMPTOMS OF SPINAL MISALIGNMENT QUESTIONNAIRE

"The nervous system controls and coordinates all organs and structures of the human body." (*Gray's Anatomy,* 29th Ed., page 4). Misalignments of spinal vertebrae and discs may cause irritation to the nerves which could affect the areas listed. Please help us help you by placing a check mark in the appropriate box under the "Possible Effects" column to indicate your symptoms.



Vertebrae	Areas Controlled by Nerves*		Possible Effects of a Malfunction
1C	Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system.	NECK REGION	☐ headaches, ☐ nervousness, ☐ insomnia, ☐ head colds, ☐ high blood pressure, ☐ migraine headaches, ☐ nervous breakdowns, ☐ amnesia, ☐ chronic tiredness, ☐ dizziness.
2C	Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead.		☐ sinus trouble, ☐ allergies, ☐ pain around the eyes, ☐ earache, ☐ fainting spells, ☐ certain cases of blindness, ☐ crossed eyes, ☐ deafness.
3C	Cheeks, outer ear, face bones, teeth, tri-facial nerve.		☐ neuralgia, ☐ neuritis, ☐ acne or pimples, ☐ eczema.
4C	Nose, lips, mouth, eustachian tube.		☐hay fever,☐runny nose,☐hearing loss,☐adenoids.
5C	Vocal cords, neck glands, pharynx.		☐ laryngitis, ☐ hoarseness, ☐ throat conditions such as sore throat or quinsy.
6C	Neck muscles, shoulders, tonsils.		☐ stiff neck, ☐ pain in upper arm, ☐ tonsillitis, ☐ chronic cough, ☐ croup.
7C	Thyroid gland, bursae in the shoulders, elbows.		☐ bursitis, ☐ colds, ☐ thyroid conditions.
1T	Arms from the elbows down, including hands, wrists, and fingers; esophagus and trachea.	MID-BACK	☐ asthma, ☐ cough, ☐ difficult breathing or shortness of breath, ☐ pain in lower arms and hands.
2T	Heart, including its valves and covering; coronary arteries.		☐ functional heart conditions and certain chest conditions.
3T	Lungs, bronchial tubes, pleura, chest, breast.		☐ bronchitis, ☐ pleurisy, ☐ pneumonia, ☐ congestion, ☐ influenza.
4T	Gall bladder, common duct.		☐ gall bladder conditions, ☐ jaundice, ☐ shingles.
5T	Liver, solar plexus, circulation (general).		☐ liver conditions, ☐ fevers, ☐ blood pressure problems, ☐ poor circulation, ☐ arthritis.
6T	Stomach.		☐ stomach troubles or nervous stomach, ☐ indigestion, ☐ heartburn, ☐ dyspepsia.
7T	Pancreas, duodenum.		☐ ulcers, ☐ gastritis.
8T	Spleen.		☐ lowered resistance.
9T	Adrenal and supra-renal glands.		☐ allergies, ☐ hives.
10T	Kidneys.		☐ kidney troubles, ☐ hardening of the arteries, ☐ chronic tiredness, ☐ nephritis, ☐ pyelitis.
11T	Kidneys, ureters.		☐ skin conditions such as acne, ☐ pimples, ☐ eczema, ☐ or boils.
12T	Small intestines, lymph circulation.		☐rheumatism,☐gas pains, ☐certain types of sterility.
1L	Large intestines, inguinal rings.	LOW BACK	☐ constipation, ☐ colitis, ☐ dysentery, ☐ diarrhea, ☐ some ruptures or hernias.
2L	Appendix, abdomen, upper leg.		☐ cramps, ☐ difficult breathing, ☐ minor varicose veins.
3L	Sex organs, uterus, bladder, knees.		☐ bladder troubles, ☐ menstrual troubles such as painful or irregular periods, ☐ miscarriages, ☐ bed wetting, ☐ impotency, ☐ change of life symptoms, ☐ many knee pains.
4L	Prostate gland, muscles of the lower back, sciatic nerve.		☐ sciatica, ☐ lumbago, ☐ difficult, painful, or too frequent urination, ☐ backaches.
5L	Lower legs, ankles, feet.		☐ poor circulation in the legs, ☐ swollen ankles, weak ankles and arches, ☐ cold feet, ☐ weakness in the legs, ☐ leg cramps.
SACRUM	Hip bones, buttocks.	PELVIS	☐ sacro-iliac conditions, ☐ spinal curvatures.
COCCYX	Rectum, anus.		☐ hemorrhoids (piles), ☐ pruritis (itching), ☐ pain at end of spine on sitting.

*Directly or indirectly controlled

For further explanation of the conditions shown above, and information about those not shown, ask your Doctor of Chiropractic