WELCOME TO MARION FAMILY CHIROPRACTIC

Information for Minors

Today's Date _____

Child's Name _____ Date of Birth_____Age _____
Child's Nickname_____ Grade in School _____ Social Security # _____
Child's Address _____ Town _____
State _____ Zip _____ Phone Number _____

Father's Name _____ Date of Birth _____
Address (if different than child's) _____ Town _____
State _____ Zip _____ Phone Number _____
Occupation _____ Employer _____
Mother's Name_____ Date of Birth _____
Address (if different than child's/father's) _____ Town _____
State _____ Zip _____ Phone Number_____
Occupation _____ Employer _____
Names/Ages of Siblings _____
Person accompanying child today _____ Relationship _____

Authorization for care of minor (necessary if under age 18):
I hereby authorize Marion chiropractic to administer care as deemed necessary to my son/daughter/ward:

Signed _____ Date _____ Relationship _____

Person responsible for account_____Insurance Subscriber Name & DOB:_____

How did you learn about this office?
□ Personal referral □ Advertisement □ Sign □ Health Fair/Talk □ Other_____
If you were referred, please note their name so we may personally thank them _____

Reason for consulting this office:
□ Wellness and preventive care
□ Specific pain and/or health problems (please explain)
_____
_____

Has this child been under previous chiropractic care? *(yes)* (no)
If *"yes,"* when *was* his/her last visit? _____
Is there anything else significant happening in this child's life that we should be aware of?
_____

Demographic Data : Our Federal Office of Management and Budget (OMB) has asked that we collect the following Data. No personal information is associated with this data when we send it to OMB.

Race:
□ American Indian or Alaskan
□ Asian
□ Black
□ Caucasian
□ Declined
□ Other Race
□ Pacific Islander

Ethnicity:
□ Hispanic
□ Non-Hispanic
□ Declined

Language:
□ Arabic
□ Cantonese
□ English
□ French
□ German
□ Hindi
□ Italian
□ Japanese
□ Korean
□ Mandarin
□ Other
□ Persian
□ Polish
□ Portuguese
□ Romanian
□ Russian
□ Spanish
□ Tagalog
□ Ukrainian
□ Urdu
□ Vietnamese

Please provide the following information:

Problems during pregnancy_____

Problems during labor/delivery_____

Type of birth: Normal vaginal ___ Forceps___ Breech ___ Cesarean____ Vacuum ___
Home ___ Birthing Center ___ Hospital ___

Birth Length _____ Apgar Scores _____ Congenital Anomalies/defects _____

Was there presence at birth of jaundice (yellow)? ___ Cyanosis (blue)? ___

How long was the infant breast fed? _____ Formula fed? _____ When did the child start eating solid foods? _____

Number of hours of sleep per night ___ Quality of sleep: Good ___ Fair ___Poor ___

Has your child had any reactions to immunizations? ____ If so, please describe _____

Did your child's behavior change following any immunizations? ___ If so, how? _____

At what age did the child: Hold head up ___ Sit alone ___ Crawl ___ Walk alone ___

Has the child ever experienced:

- ❑ Dizziness
- ❑ Hypertension
- ❑ Diabetes
- ❑ Blood Disorders
- ❑ Anemia
- ❑ Paralysis
- ❑ Convulsions
- ❑ Fainting
- ❑ Muscle Jerking
- ❑ Ruptures/Hernias
- ❑ Dislocations
- ❑ Backaches
- ❑ Headaches
- ❑ Orthopedic Problems
- ❑ Joint Problems
- ❑ Arm Problems
- ❑ Leg Problems
- ❑ Walking Problems
- ❑ Neck Problems
- ❑ Broken Bones
- ❑ Arthritis
- ❑ Small for Age
- ❑ "Growing Pains"
- ❑ Digestive Disorders
- ❑ Diarrhea
- ❑ Constipation
- ❑ Stomach Aches
- ❑ Stomach Discomfort
- ❑ Poor Appetite
- ❑ Bed Wetting
- ❑ Heart Problems
- ❑ Obesity
- ❑ Hearing Problems
- ❑ Chronic Ear Aches
- ❑ Chronic Infections
- ❑ Colds/Flu
- ❑ Allergies
- ❑ Asthma
- ❑ Sinus Trouble
- ❑ Rheumatic Fever
- ❑ Behavioral Problems
- ❑ Hyperactivity
- ❑ Vision Problems
- ❑ Other

Medication History _____

Current Medications _____

Surgeries/Hospitalizations _____

Falls/Accidents/Other Injuries _____

How would you describe your child's diet? _____

Current medical doctor _____ Other health care providers _____

Our mission is to improve the quality of your child's life through natural healing, to decrease or eliminate the need for drugs and medications, and to allow your child to better express heath and innate healing ability.

Welcome to our office.

Thank you. We look forward to providing your child's chiropractic care.

Dr Jennifer F. Eames
Dr. Belinda L. Marcil