CARNEGIE
CHIROPRACTIC

Age 0 - 11
New Patient Registration Form

INCLUDING CONSENT TO TREAT A MINOR
Please Print

Child Patient Name | Today's Date

Date of Birth | Age

Parent Name(s) | Are they the child's guardian? ☐ Yes ☐ No

If no, name of guardian(s)

Names & ages of siblings

Address | Town/City | Postcode

Home Ph | Business Ph | Mobile

Who referred you to our clinic? | Health Fund

Major Complaint

How long has this condition existed?

Is it getting? ☐ Worse ☐ Constant ☐ Comes/Goes ☐ Better

Previous diagnosis/treatment for this condition

Other complaints

On any medication?

List any surgery, accidents or falls

Any previous Chiropractic care & when | For how long? | Date of last Adjustment

Any spinal x-rays & when | Chiropractic doctor & location

During pregnancy did the child's mother

Have an injury	☐ Yes	☐ No
Have good nutrition	☐ Yes	☐ No
Exercise	☐ Yes	☐ No
Smoke or drink alcohol	☐ Yes	☐ No
Take any medication	☐ Yes	☐ No

As a Baby

Was child breastfed	☐ Yes	☐ No
Was child a headbanger	☐ Yes	☐ No
Did child ever fall on head	☐ Yes	☐ No
Did child ever fall down stairs	☐ Yes	☐ No

Birth Process

Was the delivery long	☐ Yes	☐ No
Was the delivery difficult	☐ Yes	☐ No
Forceps / vacuum extraction	☐ Yes	☐ No
Head bruising	☐ Yes	☐ No
Caesarean	☐ Yes	☐ No
Breach	☐ Yes	☐ No
Induced labour	☐ Yes	☐ No
Drugs during labour	☐ Yes	☐ No
Hospital Birth	☐ Yes	☐ No

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List date of last

Physical Examination	
Blood Test	
Chest X-ray	
Urine Test	

Psychosocial any recent occurrence

Depression	☐ Yes	☐ No
Death (Family / Friends)	☐ Yes	☐ No
Divorce / Separation	☐ Yes	☐ No
Family Problems	☐ Yes	☐ No
Sleep Disturbances	☐ Yes	☐ No

Has or does child have problems with

Bowels	☐ Yes	☐ No	Eczema	☐ Yes	☐ No
Breastfeeding difficulties	☐ Yes	☐ No	Allergies	☐ Yes	☐ No
Bedwetting	☐ Yes	☐ No	Restless legs	☐ Yes	☐ No
Recurrent bladder infections	☐ Yes	☐ No	Growing pains	☐ Yes	☐ No
Recurrent throat infections	☐ Yes	☐ No	Headaches	☐ Yes	☐ No
Recurrent appendicitis	☐ Yes	☐ No	Colic	☐ Yes	☐ No
Co-ordination	☐ Yes	☐ No	Moodiness	☐ Yes	☐ No
Learning difficulties	☐ Yes	☐ No	Epilepsy	☐ Yes	☐ No
Attention deficit disorder	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Sinus	☐ Yes	☐ No			

Family Health History Many health problems are the result of hereditary spinal weaknesses. This information will give us a better picture of the child's total health. List family members who have had any health problems such as migraines, strokes, heart disease, blood diseases, arthritis, spina bifida etc.

Relationship to Child	Past or Present Health Problems

Consent to treatment and examination of a minor

I hereby authorise Dr. Anthony Kartitopoulos and whomever he may designate as his assistants to administer chiropractic care as deemed necessary to my child. I hereby also consent to the performance of a chiropractic assessment by the chiropractor including physical, neurological and orthopaedic tests. This may include reflexes, range of movement and the taking of a series of postural photos and X-rays.

_____

Name of Child

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore I understand that Carnegie Chiropractic will prepare any necessary reports and forms to assist me in making collection from the insurance company. However, I clearly understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment to Carnegie Chiropractic at the time of service.

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Signature of Parent (or Guardian) Today's Date