Pediatric Historv Form

1545 Mentor Avenue-Painesville, OH 44077
440-639-9171

Your appointment is scheduled for
Date_____
Time_____

~Welcome to Morris Chiropractic~

Please complete all questions and bring with you to your first visit.

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better, please complete the following information. We look forward to working with you to build better health for your family.

Patient Name:	Today's Date:	
Address:		
City/State/Zip:		
Home Phone:	Parent's Work Phone:	Parent's Cell Phone:
Birth date:	Age:	Social Security #:
Parents/Guardians Names:		
Sex: M F	Weight:	Height:
Purpose of contacting us?		
Pediatricians Name:	Date of Last Visit:	Reason:
Your Favorite Hobbies:		
Pertinent Family History:		
Previous Chiropractor:	Date of Last Visit:	
Number of Antibiotics taken:	During last 6 months:	Total lifetime:
Other Prescription Medication:	Last 6 months:	Total lifetime:
Vaccination Reaction History: Y N	List: _____	
Birth Intervention: Forceps: Y N	Vacuum Extraction: Y N	Caesarian Section: Y N
Breast Fed: Y N How Long? _____	Formula Fed: Y N How Long? _____	
Genetic Disorders or Disabilities? Y N	List: _____	

Method of payment:	[ ] Cash	[ ] Check	[ ] Credit Card	[ ] Insurance
Emergency Contact:	Cell Phone:	Home Phone:		

A. Check any of the Following Conditions Your Children has Suffered from During the Past Six Months:

☐ Ear Infections	☐ Scoliosis	☐ ADHD	☐ Temper Tantrums
☐ Asthma	☐ Digestive Problems	☐ Car Accident	☐ Headaches
☐ Allergies	☐ Bed Wetting	☐ Chronic Colds	☐ Growing/Back Pains
☐ Colic	☐ Seizures	☐ Recurring Fevers	☐ Other_____

Has your child ever been involved in a car accident? Y N List: _____

Has your child been seen on an emergency basis? Y N List: _____

Other traumas not described above? Y N List: _____

Prior Surgery: Y N List: _____

Is / has your child been involved in any high impact or contact type sports (i.e., soccer, football, gymnastics, baseball, cheerleading, martial arts, etc.) Y N List: _____

1. All first visit charges are payable when services are rendered.
2. The fee paid for treatment x-rays is for analysis only. The film itself is the property of this office. Once films are used for treatment purposes they cannot be released.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand Painesville Family Chiropractic will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to Painesville Family Chiropractic will be credited to my account upon receipt. However, I clearly understand and agree that I am personally responsible for payment.

_____ _____

Guardian's Signature Authorizing Care for Minor Date

I have reviewed this office's Notice of Privacy Practices and consent to the use and disclosure of protected health information by Brian J. Morris, D.C., Misty Morris, D.C., staff and business associates for treatment, payment, health care operations and additional uses listed above. I have reviewed, acknowledge, and understand the content of the Notice of Privacy Practices.

Printed Patient Name _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____