***Wolverton Chiropractic***

Pediatric Form (< 15 yoa)

Confidential Patient information (Please Print)

**Patient Information:**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Parents: http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgM http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgS http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgW http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgD

Would you like a text message reminder about your child’s appointments? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Do you have out of network benefits that will contribute to Chiropractic care? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group/Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any hobbies your child enjoy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who may we thank for referring you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been checked by a Doctor of Chiropractic? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Name of the Office & Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Were x-rays taken? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Who is your medical pediatrician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint History:**

What brings your child in today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When did it start? \_\_\_\_\_\_\_\_\_\_\_\_ Does it happen at any specific time of the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it getting worse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does it affect daily activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What makes it better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does it happen at any specific time of the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What makes it worse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List care that your child has undergone for this complaint, including medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Health History:**

**Prenatal History:**

Any complications with pregnancy? When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your child adopted? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Did you smoke or consume alcohol? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Reason for the medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you take medication? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

**Birth History:**

Did you do regular ultrasounds? 3-D ultrasound? How many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Home http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Birthing center http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Hospital

Provider: http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Midwife http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg OBGYN http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Birth: http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Vaginal http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg C-Section

What position did you deliver in? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Squatting http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg On Back http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Other

Were pain medications used? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No Birth Trauma? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fractures http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Doctor assisted http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgTwisting and/or Pulling http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Vaccum extraction http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Forceps

Was labor induced? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Newborn Trauma** (medical procedures and tests):

APGAR score: birth \_\_\_\_\_/10 5-minutes\_\_\_\_\_/10 http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Unsure

Did your child have a misshaped skull / head? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No Jaundice (yellow) at birth? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Were there purple markings on their face? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No Did you breast feed your child? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Does your child prefer one breast over the other? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, which side? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg R http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg L

Does your child have any food allergies? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been immunized? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Reason for vaccination? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Informed Decision http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Recommended http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Didn’t know I had a choice

Any negative reaction to vaccinations? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No Were they reported? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Has your child ever had any surgeries? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been on antibiotics? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, how often and what for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medication? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any vitamins? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental History**

Please estimate at what age did the following occur:

Respond to sound\_\_\_\_\_ Crawl\_\_\_\_\_ Follow object with eyes\_\_\_\_\_

Hold Head up\_\_\_\_\_ Stand\_\_\_\_\_ Sit Alone\_\_\_\_\_

Walk Alone\_\_\_\_\_ Chickenpox\_\_\_\_\_ Rubella\_\_\_\_\_

Whooping cough\_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baby/Toddler (0-4):**

Have any of the following occurred?

* Fall where the child hit their head (off changing table, out of crib, off playground equipment, down stairs)
* Frequent Crying Spell http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fall Down the stairs http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgMVA http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Play in Johnny Jumper
* Frequent Ear Infections http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Tonsillitis http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgFrequent Fevers http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Frequent Diahhrea
* Constipation http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Sleeping Problems http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Repeated Infections http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Colic
* Anemia http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Blood Disorders http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Heart problems http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Problems walking/crawling
* (+ or -) weight http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Other (Please Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child (5-12 yoa):**

Have any of the following occurred?

http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fall from a tree http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fall off a bicycle http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Sports accident http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Stomach Pains

http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Hyperactivity/ Autism http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Scoliosis http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Bedwetting http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgLearning difficulties

* Asthma/ Allergies http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Leg/ Knee Pains http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg MVA http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fall on Playground
* Behavior problems http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Broken bones http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Diabetes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Muscle Jerking

Which of the above bothers your child the most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When did it begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it getting worse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the pain: http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgconstant http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg intermittent

Does the pain affect your child’s activity? Which activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child participate in any of the following?

http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Soccer http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Football http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Hockey http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Wrestling http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Swimming http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgLacrosse http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Baseball http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgSoftball http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Rugby http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Gymnastics http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpgBasketball http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Volleyball http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Karate http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Dance http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Tennis http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Other:

How would you rate your child’s diet? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Well Balanced http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Average http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg High Sugar/ Processed Foods

Does your child consume artificial sweeteners? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No Fluoridated water? http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Yes http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg No

Number of hours your child sleeps per night? Quality? \_\_\_\_ Per night http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Good http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Fair http://www.hphqworkplace.com/example/teamleadership/teamleadership_files/checkmark_box.jpg Poor

AUTHORIZATION TO TREAT A MINOR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigning parent/guardian, having legal custody/guardianship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize, request and direct Dr. Suzanne and whomever she may designate as assistant to perform in judgment any treatment, physical examination, X-ray studies, laboratory procedures AND chiropractic diagnosis or treatment which is deemed necessary. I further authorize him/her to disclose all or any part of my (patient’s) record to any person or corporation which is or may be liable under a contract to the clinic or to the patient or to the family member or employer of the patient for all or part of the clinic’s charge, including, and not limited to, hospital or medical services companies, insurance companies, workers compensation carriers, welfare funds or the patients employer. I understand that the doctor is prohibited from selling any part of my medical record.

INSURANCE & PAYMENT INFORMATION

I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and myself. Furthermore, I understand that this chiropractic office will prepare any necessary reports and forms to assist me in out-of-network collection from the insurance company. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. If balance becomes delinquent and suit is filed, I agree to pay all collection costs, and attorney’s fees in addition to above fees. I also understand that **all payments for services rendered are due at the time of service**. All fees for professional services rendered to me are immediately due and payable.

Date \_\_\_\_\_\_\_\_\_\_

Parent/ Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_