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PEDIATRIC HISTORY FORM

Dear New Patient,

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: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Birth Date: ____/____/____ Age: _____

Parent E-mail: _____ Male Female Weight: _____ Height: _____

Name of Parents / Guardians: _____ Work Phone: _____

Referred By: _____

Purpose for contacting us? _____

Other Doctors seen for this condition: No Yes If yes, Doctors' names and Prior Treatments: _____

Other Health Problems? _____

Check any of the following conditions your child has suffered from during the past six months:

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

Family History: _____

Previous Chiropractic care: No Yes Chiropractor name: _____

Date of last visit: ____/____/____ Reason: _____

Name of Pediatrician: _____

Date of last visit: ____/____/____ Reason: _____

Are you satisfied with the care your child has received there? No Yes

Number of doses of Antibiotics your child has taken:

During the past Six Months: _____ Total during his/her lifetime: _____

Number of doses of Other Prescription Medications your child has taken:

During the past Six Months: _____ Total during his/her lifetime: _____ List: _____

Vaccination History: _____

Prenatal History:

Name of Obstetrician / Midwife: _____

Complications during pregnancy? No Yes List: _____

Ultrasounds during pregnancy? No Yes Number: _____

Medications during pregnancy / delivery? No Yes List: _____

Cigarette / Alcohol use during pregnancy? No Yes

Location of birth: Hospital Birthing Center Home

Birth Intervention: Forceps Vacuum Extraction Caesarian Section: Emergency or Planned?

Complications during delivery? No Yes List: _____

Genetic Disorders or Disabilities? No Yes List: _____

Birth Weight: _____ Birth Length: _____ APGAR Scores: _____ , _____

Feeding History:

Breast Fed: No Yes How long: _____

Formula Fed: No Yes How long: _____ Type: _____

Introduced to solids at: _____ months, Cow's Milk at _____ months

Food / Juice Allergies or Intolerance: No Yes List: _____

Developmental History:

During the following times your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). At what age was your child able to:

Respond to Sound: _____ Cross Crawl: _____

Respond to Visual Stimuli: _____ Stand Alone: _____

Hold Head Up: _____ Walk Alone: _____

Sit Up: _____

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e., a bed, changing table, down stairs, etc.). Was this the case with your child? No Yes

Is / has your child been involved in any high impact or contact type sports (i.e., soccer, football, gymnastics, baseball, cheerleading, martial arts, etc.)? No Yes List: _____

Has your child ever been involved in a car accident? No Yes List: _____

Has your child been seen on an emergency basis? No Yes List: _____

Other traumas not described above? No Yes List: _____

Prior surgery? No Yes List: _____

Menarche? No Yes Age: _____

Childhood Diseases:

Chicken Pox: No Yes, Age: _____ Mumps: No Yes, Age: _____

Rubella: No Yes, Age: _____ Rubeola: No Yes, Age: _____

Whooping Cough: No Yes, Age: _____ Other: No Yes, Age: _____

WE ARE HERE TO SERVE YOU AND ENCOURAGE YOU TO ASK QUESTIONS.
YOUR PARTICIPATION IS VITAL AND WILL HELP DETERMINE YOUR RESULTS.

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

I acknowledge that upon request Body Harmony Chiropractic will provide a Notice of Privacy Practices that was effective March of 2003.

*I hereby authorize **Dr. Amelie Biskup** to administer care to my Son / Daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.*

Patient Signature or Authorized Party

Date

INFORMED CONSENT

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes Chiropractic care. We want you to be informed about potential problems associated with Chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the Doctor's hands or with the use of a machine. Frequently, adjustments create a "popping" or "clicking" sound/sensation in the areas being treated.

In this office, the Doctor will perform your consultation, examination, physical therapy application, traction, massage therapy, exercise instruction, nutritional guidance, etc.

Stroke: Stroke means that a portion of the brain does not receive oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The Chiropractic adjustment that is related to the vertebral artery stroke is called Extension-Rotation-Thrust Atlas Adjustment. We DO NOT use this type of adjustments on our patients. Other type of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. The most recent studies (Journal of the CCA. Vol. 37, No. 2, June 1993) estimate that the incidence of this type of stroke is 1 per 3,000,000 upper neck adjustments. This means that an average Chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Disk Herniations: Disk herniations that created pressure on a spinal nerve or the spinal cord are frequently successfully treated by Chiropractors and Chiropractic adjustment, traction, etc. This includes both in the neck and back. Yet, occasionally, Chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely, surgery may cause a disk problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft Tissue primarily refers to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely, a Chiropractic adjustment (or treatment) may tear some muscle or ligament fibers. The result is temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify there probability.

Rib Fracture: The ribs are found only in the thoracic spine or mid-back. They extend from your back to your front chest area. Rarely, a Chiropractic adjustment will crack a rib bone and this is referred to as a fracture. This occurs primarily only on patients who have weakened bones from conditions such as osteoporosis. Osteoporosis can be detected on your x-rays. We adjust all patients very carefully, and especially with those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify there probability.

Physical Therapy Burns: Some machines we use generate heat. We also use both heat and ice, and occasionally recommend them for home use. Everyone's skin has different sensitivity to these modalities and rarely, heat or ice can burn or irritate the skin. The result is a temporary increase in skin pain, and there may be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

Soreness: It is common for Chiropractic adjustments, traction, massage therapy, exercise, etc., to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but if it occurs, be sure to inform the Doctor.

Other Problems: There may be other problems or complications that might arise from Chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as result of treatment in this clinic. We will always provide you with the best care and if results are not acceptable, we will refer you to another health care provider who we feel may assist your condition.

If you have nay questions on the above information, please ask your Doctor. Once you have a full understanding, please sign and date below.

I hereby authorize **Dr. Amelie Biskup** at Body Harmony Chiropractic to examine, diagnose, and provide chiropractic treatment based on my examination findings.

Patient's Name (Printed) _____ Date _____
Patient's Signature _____
Guardian's Signature (if patient is a minor) _____
Witnessed By _____ Date _____