

**For babies or children 0-5 years old.**

CONFIDENTIAL NEW PATIENT QUESTIONARE

Name: \_\_\_\_\_  
Mum's name: \_\_\_\_\_ Dad's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
Private Health fund: YES/NO Name of fund: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Doctors/pediatricians name: \_\_\_\_\_

**Background to your health**

Your conception: Natural/IVF/Insemination  
Length of gestation (weeks): \_\_\_\_\_  
How were you born: Vaginal delivery/Induction/Forceps/Vacuum (vonteuse)  
Your APGAR scores (No. out of 10): \_\_\_\_\_  
Did you need medical intervention after your birth: Oxygen/Humidicrib/Other? \_\_\_\_\_  
Your birth weight: \_\_\_\_\_ Length: \_\_\_\_\_ Head circumference: \_\_\_\_\_

**During Gestation**

Did your mother experience any health problems during her pregnancy with you? Please circle.

Morning sickness	YES/NO	Placental problems	YES/NO
High blood pressure	YES/NO	Incompetent cervix	YES/NO
Bleeding	YES/NO		

Did your mum take any medication during her pregnancy with you? YES/NO

If yes- Name: \_\_\_\_\_  
What for: \_\_\_\_\_

Did your mum take any nutritional supplements/herbs or vitamins during her pregnancy with you?

If yes- Name of products: \_\_\_\_\_



## PATIENT CONCENT FORM

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments may a damage blood vessel and give rise to stroke-like symptoms (approx. 1 in 5.85 million neck manipulations. Haldeman, et al. Spine vol 24-8-1999). Whilst this has never occurred in this practice, we are still required to warn. If any adjustments (manipulations) are required you will be tested before, as has always been our practice.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). [Dvorak study in Principles and Practice of Chiropractic, Haldemen. 2<sup>nd</sup> Ed.]

Chiropractic adjustments (manipulations) of the spine are internationally recognized as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

If you have any questions related to the treatment you are about to receive, please speak to the chiropractor.

I have discussed the above information with the chiropractor and give my consent to treatment.

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Patient's signature

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Print name

In case of a patient under 18 years, a parent or legal guardian must sign:

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Patient's name

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Parent/Legal guardian's signature

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Parent/Legal guardian's name

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Chiropractor's signature

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Date