

## Children's Case History

Date: \_\_\_\_\_

\*Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent's Primary Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Were you referred to our office? If so, by whom: \_\_\_\_\_

\*Race: \_\_\_\_\_ \*Preferred Language: English Spanish Other: \_\_\_\_\_

\*Ethnicity (circle): Hispanic or Latino NOT Hispanic or Latino

\*List current medications \_\_\_\_\_ \*Allergies? \_\_\_\_\_

*\*Denotes required information. Thank you for providing this information.*

### CAUSE

The human body is designed to be healthy. The primary system in the body which coordinates health is the nervous system. The healthy function of every cell, every system, every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life which may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the **Vertebral Subluxation Complex**.

This form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well-being.

### Vertebral Subluxation Assessment

1. Has your child been checked by a Doctor of Chiropractic? \_\_\_\_\_ Who? \_\_\_\_\_  
Were x-rays taken? \_\_\_\_\_ Who is your regular pediatrician? \_\_\_\_\_

2. **Experts around the world agree: the birth process as we know it may cause extensive neurological trauma, damage and even death to the infant.**

Did you have ultrasound during this pregnancy? \_\_\_\_\_ Frequency \_\_\_\_\_

- Place of birth: Home / Birthing Center / Hospital
- Provider: Midwife / OB-Gyn / Other \_\_\_\_\_

- Type of Birth: Vaginal / C-section. Was anesthesia used? \_\_\_\_\_ Type: \_\_\_\_\_
  - Was labor induced? \_\_\_\_\_ If yes, why? \_\_\_\_\_
  - What position did you deliver in: Squatting / On back
  - Birth Trauma: Doctor assisted / Twisting, pulling / Vacuum Extraction / Forceps
  - Newborn trauma (medical procedures and tests) \_\_\_\_\_
3. Did you breast-feed your child? \_\_\_\_\_ How long? \_\_\_\_\_  
 Was your decision supported by your health care provider? \_\_\_\_\_

**Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological and digestive systems.**

**4. According to the National Safety Council, approximately 50% of infants have fallen onto their heads during their first years of life. Another study reveals ¼ million children are injured in playgrounds annually.**

Can you recall any such jolts, falls or traumas to your child? \_\_\_\_\_ Please describe:

\_\_\_\_\_

Any fractures or dislocations? \_\_\_\_\_

5. Which sports does your child play? \_\_\_\_\_

6. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting? \_\_\_\_\_ Is it in front of a computer or TV?

7. How would you rate your child's diet? \_\_\_\_\_

Does your child consume artificial sweeteners? \_\_\_\_\_ Fluoridated water? \_\_\_\_\_

8. Circle any of the following conditions your child has suffered from:  
 Colic Irregular Sleeping Patterns Night Terrors Seizures Tantrums Allergies  
 Ear Infections Asthma Headaches Poor Digestion Repeated Infections or Colds  
 Bed Wetting Learning Disorders Emotional Disorders ADD or ADHD  
 Other \_\_\_\_\_

9. How often has your child been treated with drugs? \_\_\_\_\_  
 Were you informed of their adverse reactions? \_\_\_\_\_  
 If it was an antibiotic, was your child cultured for its use? \_\_\_\_\_  
 Any surgeries? \_\_\_\_\_

**10. The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term, adverse effects from interfering with this process with artificial immunizations are just being uncovered.** Were you adequately informed of the risks of vaccinating your child? \_\_\_\_\_  
 Did your child experience any behavioral, emotional or physical changes within 3 months after any shots? \_\_\_\_\_ Describe: \_\_\_\_\_  
 Was it reported by you or your doctor? \_\_\_\_\_

### Chiropractic care for children

Today we are becoming more aware how current technological lifestyles and practices expose a child's nervous system to continuous stresses. These result in vertebral subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the function of the immune system. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider to locate, analyze and correct the vertebral subluxation complex. Correction of the subluxation with the chiropractic adjustment is the beginning of greater health and well being for your child.

### Authorization for care of a minor

I hereby authorize 50<sup>th</sup> and France Chiropractic and Wellness to administer care as deemed necessary to my son/daughter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

### Authorization to take and publish photographs

I, \_\_\_\_\_, authorize 50<sup>th</sup> and France Chiropractic and Wellness to take and publish photographs of my child, \_\_\_\_\_ for clinical records. Such photographs may be used in publications for the purpose of scientific and/or clinical research, chiropractic education and the promotion of chiropractic health care when the doctor deems such publication will benefit these goals. I also understand I will not be identified by name without additional authorization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# PAIN CHART

## ABOUT YOU

Name: \_\_\_\_\_ File #: \_\_\_\_\_

What is your current weight: \_\_\_\_\_ lbs., and height, \_\_\_\_\_ Ft. \_\_\_\_\_ In..

Please describe your condition:

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SHOW US WHERE IT HURTS

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description → Numbness  
Symbol → NNNN

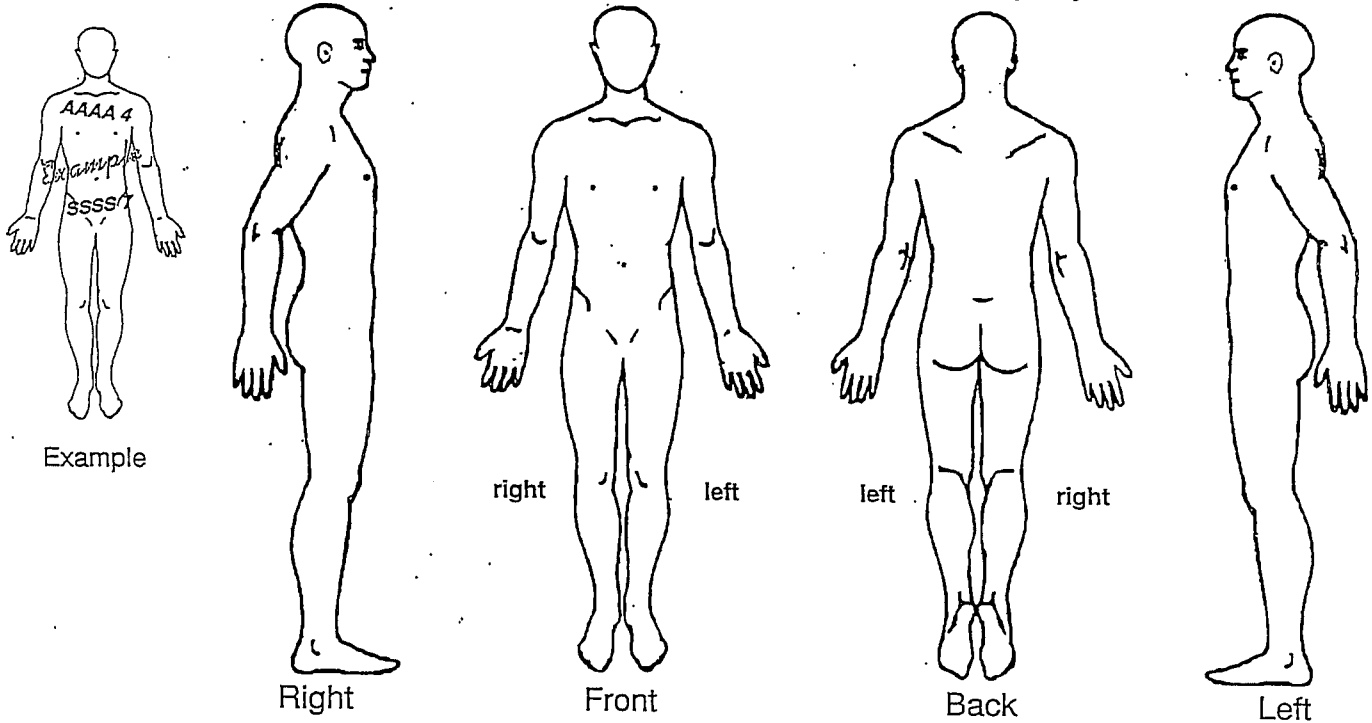
Pins & Needles  
PPPP

Burning  
BBBB

Aching  
AAAA

Stabbing  
SSSS

○ Circle any area of pain not represented by a symbol.




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**50<sup>th</sup> & France Chiropractic  
Notice of Privacy Practices**

50<sup>th</sup> & France Chiropractic is required, by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of your legal duties and privacy practices with respect to your protected health information.

There are certain times that we will disclose your healthcare information. These times include: for purposes of treatment, payment, workers compensation, public health, marketing (includes reminder phone calls and missed appointment phone calls), and change of ownership.

**Your Rights:**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that 50<sup>th</sup> & France Chiropractic is not required to agree to the restriction that you requested.
2. You have the right to your health information received or communicated through an alternative method or sent to an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that your health information be amended. However, 50<sup>th</sup> & France Chiropractic is not required to agree to the amendment. If your request has been denied an explanation will be provided along with measures as to how to disagree with your denial.
5. You have a right to receive an accounting of disclosures of your protected health information.
6. You have a right to a paper copy of this Notice at any time upon request.

Any changes made to this notice must be presented to you. Our privacy officer is Dr. Christopher Jo and complaints and concerns can be presented to him at 952-920-4528. This paper is a modified version of our HIPAA policies. A full copy can be obtained upon request and is always displayed at the front desk.

I have read, understand; and agree to the HIPAA policies at 50<sup>th</sup> & France Chiropractic.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

I am opting not to sign this agreement for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

# Financial Agreement 50<sup>th</sup> & France Chiropractic

## "ON THE JOB" INJURY

Worker's compensation pays in full chiropractic care. Upon being released from care, a 3- month time period is allowed for settlement of your claim. If settlement has not been reached within this time period, or if you have suspended or terminated your care without your doctor's approval, payment for services is due immediately.

## PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Please present your auto insurance forms as soon as possible. If an attorney is handling your case, please notify the front desk as soon as possible. Although you are ultimately responsible for your bill, our office will wait for settlement to be paid as long as you are an active patient. If you suspend or terminate care, any fees for services are due immediately.

## GROUP OR INDIVIDUAL INSURANCE

Your insurance is an agreement between YOU AND YOUR INSURANCE COMPANY, NOT BETWEEN YOUR INSURANCE COMPANY AND THIS CHIROPRACTIC OFFICE. As a courtesy to our patients, our office will complete any necessary insurance forms at no charge, and file them with your company to help you collect. It is to be understood and agreed that services rendered are charged to you directly and you are personally responsible.

We are not certain if your insurance covers chiropractic, although most policies **do** provide coverage. The amount they pay varies from one policy to another. Because of this difference between policies, we expect that each patient who wishes to file insurance claims through this office, pay the insurance policy deductible and the patient's percentage as stated on your policy.

Our billing system is arranged with the patient's percentage automatically calculated for your convenience. When all insurance checks have been received, we will refund any overpayment to you.

## PATIENTS WITHOUT INSURANCE

1. We request that 100% of the first visit be paid at the time of the first visit.
2. We are happy to accept cash, check, Mastercard, Visa or Discover Card.

## MEDICARE

We are providers of Medicare. For chiropractors this includes only manual manipulation of the spine. Medicare pays 80% of the allowable fee once the \$162 deductible has been met, and the patient will be required to pay the remaining 20% if it is not covered by a secondary insurance. The subsequent services will be payable at the end of each week or from a monthly statement. Our office will complete the necessary forms and file them with the Medicare provider at no charge.

## MASSAGE THERAPY

There is a 24-hour cancellation policy for massage. Cancellation with less than 24-hour notice will result in a \$45.00 charge that is the responsibility of the PATIENT regardless of insurance or cash.

I HAVE READ AND/OR BEEN EXPLAINED THE ABOVE FINANCIAL POLICY AND AGREE TO ACCEPT THE TERMS AND CONDITIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**50th & France Chiropractic & Wellness**  
**3948 West 50th Street, Suite 203, Edina, MN 55424**

**Informed Consent for Chiropractic Care**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working toward the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

**Chiropractic** is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. **Health** is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a **vertebral subluxation**. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an **adjustment**. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

**The material risks inherent in chiropractic adjustment.**

As with any healthcare procedure, there are certain complications which may arise during chiropractic adjustment and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel stiffness and soreness following the first few days of treatment. We will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to our attention, it is your responsibility to inform us.

**The probability of those risks.**

Fractures are rare occurrences and generally result from some underlying weakness of a bone which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

*All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.*

\_\_\_\_\_

Print Name	Signature	Date
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**Consent to evaluate and adjust a minor child:**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

\_\_\_\_\_

Signature	Date
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