# NEW PATIENT FORM
# CHILD
## PATIENT INFORMATION

Barge Berkley Chiropractic Clinics
La Crosse 608 784-4639
Holmen 608 781-9777

Child's Name _____ Today's Date _____ Referred by _____
Address _____ City _____ State _____ Zip _____
Mother's Name _____ Father's Name _____
Home Phone _____ Mother's Phone _____ Father's Phone _____
Birthday _____ Age _____ Gender ☐ M ☐ F
Employer _____ Occupation _____
e-Mail Address _____ Have you been to a chiropractor before? ☐ No ☐ Yes
Emergency Contact _____ Relation _____ Phone _____
Name of Medical Doctor _____ Phone _____

- I authorize the doctors and staff of Barge Chiropractic to render care as deemed appropriate for my son/daughter/ward.
- I authorize Barge Chiropractic to release and request records to or from other providers as may be necessary.
- I authorize Barge Chiropractic to release all necessary information to any insurance company, attorney or adjuster for the purpose of claim reimbursement of charges incurred.
- I understand I am responsible for all bills incurred in this office.
- I understand Barge Chiropractic follows HIPAA compliance guidelines.

Parent/Guardian's Signature _____ Date _____
(This represents a long term authorization for all occasions of service.)

## REASON FOR SEEKING CARE

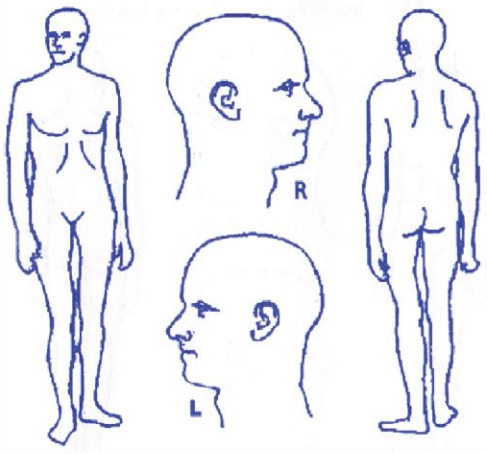
What is the purpose of your visit? ☐ Preventative Wellness* ☐ Complaint ☐ Auto Accident Injury ☐ Other

*If wellness/no complaint, skip this section

Main Complaint _____
When did this begin? _____
Describe: ☐ Dull ☐ Sharp ☐ Ache ☐ Numb/Tingly
Pain radiates to _____
☐ Constant ☐ Frequent ☐ Occasional
Rate pain from 0 to 10 (0 = no pain, 10 = disabling) _____
Is the pain: ☐ Staying the same ☐ Getting worse ☐ Getting better
☐ Worse in the morning ☐ Worse in the evening
What makes it worse? _____
What makes it better? _____
Does your condition affect: ☐ Sleeping ☐ Walking
☐ Sitting ☐ Laying ☐ Standing ☐ Your Daily Routine
What Doctor(s) have you seen for this? _____
If you were feeling 100% healthy what could you do that you cannot currently do? _____
_____

Additional Health Concerns _____
_____
Explain _____
_____

Please mark all areas of concern



## HEALTH HISTORY

Patient Name _____ *Please mark the conditions that apply to you.*

| Past | Current | | Past | Current | | Past | Current | |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | Headaches | ☐ | ☐ | Vision Problems | ☐ | ☐ | Asthma |
| ☐ | ☐ | Ear Infections | ☐ | ☐ | Sleeping Problems | ☐ | ☐ | Dizziness |
| ☐ | ☐ | Colic | ☐ | ☐ | Growing Pains | ☐ | ☐ | Diabetes |
| ☐ | ☐ | Allergies | ☐ | ☐ | Dental Problems | ☐ | ☐ | Poor Appetite |
| ☐ | ☐ | Medication Side Effects | ☐ | ☐ | Temper Tantrums | ☐ | ☐ | Reflux |
| ☐ | ☐ | Recurring Fevers | ☐ | ☐ | ADD/ADHD | ☐ | ☐ | Broken Bone(s) |
| ☐ | ☐ | Digestive Problems | ☐ | ☐ | Seizures | ☐ | ☐ | Chicken Pox |
| ☐ | ☐ | Bed Wetting | ☐ | ☐ | Scoliosis | ☐ | ☐ | Mumps |
| ☐ | ☐ | Chronic Colds/Sinus Problems | ☐ | ☐ | Stitches | ☐ | ☐ | Measles |
| ☐ | ☐ | Constipation | ☐ | ☐ | Diarrhea | ☐ | ☐ | Rubella |

Other: _____

Ultrasound(s) during pregnancy: ☐ No ☐ Yes If yes, how many?: _____

Medication(s) during pregnancy /delivery: ☐ No ☐ Yes If yes, list: _____

Drug/Cigarette/Alcohol use during pregnancy: ☐ No ☐ Yes

Location of birth: ☐ Hospital ☐ Birthing Center ☐ Home

Complications during pregnancy/delivery: ☐ No ☐ Yes Explain: _____

Was the child breast fed?: ☐ No ☐ Yes

Number of courses of antibiotics child has taken in the last year: _____

Current medication(s): _____

Name of Pediatrician or other Doctors: _____

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

## PAST HISTORY

List any past auto accidents: _____ Was any care received? _____

List any past sport, recreational or home injuries: _____

Describe any past conditions and treatment received: _____

List any past hospitalizations and surgeries: _____

## FAMILY HISTORY

Father's side: ☐ Heart Disease ☐ Cancer ☐ Diabetes ☐ Heavy Medication use ☐ Arthritis ☐ Other_____

Mother's side: ☐ Heart Disease ☐ Cancer ☐ Diabetes ☐ Heavy Medication use ☐ Arthritis ☐ Other_____

Is there any other family history we should know about? _____

_____