

STANTON CHIROPRACTIC, INC.

LIFELINE CHIROPRACTIC CHILD INFORMATION AND RELEASE

Please check health complaints your child is currently experiencing or experiencing on a recurring basis.

- Asthma Headache Ear infection Colic Allergies Bed wetting

Please check any childhood disease your child has had:

- Chicken pox Measles Mumps Rubella Whooping cough Ear infection

Please comment on how often any of the above diseases have occurred and when they occurred:

Pregnancy normal? Yes No Explain: _____

Complications?

Delivery: Home Hospital Complications: _____

Medications during delivery:

Vaccinations: (List those received and age): _____

List any surgeries or congenital conditions: _____

DOCTOR'S USE ONLY:

INSURANCE INFORMATION

I understand that _____ will prepare any necessary forms to assist me in submitting claims to my insurance provider and credit my account when payment is received. However, I clearly understand that all services rendered to me are charged to me and I am responsible for payment unless other arrangements are made.

Patient Signature

Date