

CHILDREN 12 AND UNDER

CAFE OF LIFE

CHIROPRACTIC

101 Collier Street | Barrie, ON | 705.792.9226

Welcome to Café of Life! It is our mission to help as many people as possible achieve and maintain optimal health, especially children. Please fill out the following information because Chiropractic Care focuses on your child as a whole, including their past health history and birth stressors.

What to expect on your child's FIRST VISIT:

THE CONSULTATION:

The consultation gives us a chance to sit down with you and have a conversation about your child's health concerns, history (including stressors), and future health goals. Here we make sure you are in the right place to get the help needed and for you to learn a bit about what we do and don't do.

THE EXAMINATION

The purpose of the examination is threefold:

1. To assess the current state of your child's spine and nervous system.
2. Determine if there are any malfunctions of the spine that are directly affecting your child's level of health.
3. Learn what level of care (including frequency) is necessary to achieve optimal health and function and reach your child's health goals.

The examination consists of four tests:

1. Thermography Study—all ages

Thermography is used to measure how well your child's brain and spine are communicating to the rest of their body. This test measures how well their autonomic nervous system is functioning. Autonomic nervous system is a part of the nervous system that controls organs and glands.

2. Surface Electromyography (sEMG)—8 yrs+

sEMG is used to measure the small, but vitally important postural muscles surrounding your child's spine. These muscles support their structure and tell a story about how efficiently they are using energy. The more imbalances in their spine, the harder their body has to work, and therefore wastes vital energy.

3. Heart Rate Variability—8 yrs+

This is the most important test because it measures your child's overall health and adaptability. The more adaptable they are the faster they will heal.

4. Hands on Spine Palpation and other Neurological Function tests.

After your child's Nervous System Function scans, the doctor will be checking their posture and physically examining their spine to locate any areas of malfunction.

What to expect on your child's SECOND VISIT:

On the second visit we will go over in detail the results that we've found and once all of your questions have been answered, and you and your doctor can agree to a plan of action, your child can start their care immediately.

BASIC INFORMATION

Name _____ Date _____

Address _____

City/Town _____ Postal Code _____

E-mail Address _____

Home Ph _____ Business Ph _____ Cell Ph _____

Date of Birth ____d/____m/____y/ Gender ☐ Male ☐ Female

Parents Names _____ Siblings Names & Ages _____

How did you hear about us? _____

Current Members name (if applicable) _____

Indicate the phrase that most represents your reason for care:

☐ Wellness ☐ Prevention ☐ Symptom Relief

If there are no specific symptoms or complaints, and your child is mainly here for wellness services, please check (✓) here _____ and skip to The Beginning Years.

HEALTH CONCERNS

Concern	Rate of Severity 1 = mild 10=worst	When did it start? For how long?	If you had the condition before, when?	Did the problem begin with an injury?	What % of the time is the pain present?
1.					
2.					
3.					
4.					

Is there a family history of this or similar symptoms? ☐ Yes ☐ No

Please explain: _____

What makes these problems worse? _____**What makes these problems better?** _____

Is this condition interfering with your child's:

☐ Eating ☐ Sleep ☐ Daily Routine ☐ Sports/Activities ☐ Other _____

Have you made any changes in your child's life due to this pain, illness, condition, etc? (i.e: diet eliminations, herbal medications or other drugs, etc.?) _____

Have you seen anyone else for this condition? _____

☐ Chiropractor ☐ Medical Doctor ☐ Naturopathic Doctor ☐ Other _____

Was it helpful? _____

Has your child ever seen a chiropractor before? If so, were they a:

- ☐ Symptom Based Chiropractor (focuses only on the pain)
- ☐ Wellness Chiropractor (focuses on overall function of the spine and nervous system to create health)

THE BEGINNING YEARS

Research is showing that most of the health challenges that occur in life have their origins during the developmental years, some starting at birth. Please answer the following questions to the best of your ability.

- Any childhood illnesses? ☐ Yes ☐ No
- Any serious falls as a child? ☐ Yes ☐ No
- Does your child play in a jolly jumper? ☐ Yes ☐ No
- Did your child play youth sports? ☐ Yes ☐ No
- Did your child take/use any drugs? ☐ Yes ☐ No
- Did your child have any surgeries? ☐ Yes ☐ No
- Has your child fallen/jumped from a height over 3-feet? (crib, bunk bed, tree, etc.) ☐ Yes ☐ No
- Was your child involved in any car accidents? ☐ Yes ☐ No
- Did your child suffer any other traumas? (physical or emotional) ☐ Yes ☐ No
- Were there any prolonged use of medicine, such as antibiotics or an inhaler? ☐ Yes ☐ No
- Were they under regular chiropractic care? ☐ Yes ☐ No

QUESTIONS FOR MOM: PREGNANCY + BIRTH

Tell us more about any stressors at this time in your child's life.

- Did you carry full term? ☐ Yes ☐ No If not, how many weeks gestation? _____
- Any complications? ☐ Yes ☐ No If yes, please describe _____
- Did you use a: ☐ Midwife ☐ Hospital ☐ Obstetrician
- Did you have a C-Section? ☐ Yes ☐ No Were forceps used? ☐ Yes ☐ No
- Was there vacuum extraction? ☐ Yes ☐ No Were you induced? ☐ Yes ☐ No
- Did you have an epidural? ☐ Yes ☐ No Was there an initial respirator delay? ☐ Yes ☐ No
- Were there purple markings on their face? ☐ Yes ☐ No Did they have a mis-shaped skull/head? ☐ Yes ☐ No
- Did you breastfeed? ☐ Yes ☐ No If so, for how long? _____
- During your pregnancy, did you: ☐ Consume Alcohol? ☐ Smoke?
- Did you take any medication during your pregnancy? ☐ Yes ☐ No
- Any exposures to Ultrasound? ☐ Yes ☐ No If yes, how many? _____

Has your child had any of the following conditions:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Eczema	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Confusion
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Growing Pains	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Frequent Fevers	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Frequent Nausea	<input type="checkbox"/> Chronic Infections	<input type="checkbox"/> Frequent Crying	<input type="checkbox"/> Balance Problems	<input type="checkbox"/> Bladder Trouble	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Trouble Gaining Weight	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Colic	<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Hyper Activity / Autism	<input type="checkbox"/> Headaches	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Heart/Vascular Problems	<input type="checkbox"/> Leg/Knee Pain	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Anemia	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Depression

Other (please explain) _____

Has your child received all suggested vaccinations? ☐ Yes ☐ No

If no, which were omitted or postponed? _____

Any reactions to vaccinations? ☐ Yes ☐ No

Were you told you have a choice in vaccinating your child? ☐ Yes ☐ No

In addition to the main reason for your visit today, what additional health goals do you have for your child’s future?

Is there anything else that you would like to tell us, to help us understand you and your child’s health concerns?

Informed Consent to Chiropractic Care

When a person seeks chiropractic care, it is essential for both the individual and the chiropractor to be working towards the same objective.

Chiropractic care has one goal, to correct vertebral subluxations. It is important that each person understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of the nerve function and interference to the transmission of mental impulses, resulting in a decrease in the body's innate ability to express its maximum health potential.

Adjustment: An adjustment is a specific application of forces to facilitate the body's correction of a vertebral subluxation. Our method of correction is by specific adjustments of the neurospinal system.

Health: A state of optimal physical, mental, and social wellbeing, not merely the absence of symptoms.

I understand that my care at the Café of Life will be focused on the detection and correction of vertebral subluxations. I hereby request and consent to the performance of chiropractic adjustments and assessments. Understanding that every body has a different potential for wellness thus, the maximal results I will receive in this office cannot be predicted or guaranteed.

Chiropractic care is considered to be one of the safest and most effective forms of care. I understand and am informed that, unlike many other health care professions, the risks associated in receiving chiropractic care are extremely minimal. In recent years there have been rare incidents of injury to the vertebral artery during the course of care by medical doctors, physiotherapists and chiropractors. To put this in perspective, the risk of stroke in the general population is 0.00057%. The risk of stroke after a chiropractic adjustment is 0.00025%. The risk of death from taking an aspirin and/or other anti-inflammatory drugs is 0.04%.

It is not our goal or intention to diagnose, treat or attempt to cure any physical, mental, emotional symptoms. Our expertise is in health, wellness, healing and human physiology. However, if during the course of chiropractic care, we encounter unusual findings, we will bring these to your attention. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. Please discuss care alternatives with attending chiropractor.

Our primary goal is to release life in the body, through the detection and correction of vertebral subluxations.

At the Café of Life, the privacy of your personal information is an essential part of our office providing you with quality care. We are committed to collecting, using and disclosing your personal information responsibly. Our office has a privacy policy that complies with federal law, which you may view at any time by asking our staff.

Consent to assess and adjust a minor (under 16):

I, _____, being the parent or legal guardian of
(PARENT/GUARDIAN NAME)

_____ have read and fully understand the above terms of acceptance and
(CHILD'S NAME) hereby grant permission for my child to receive chiropractic care.

(Information released from: The National Center for Health Statistics USA, 1993 and A Risk Assessment for Cervical Manipulation vs. Non-Steroid Anti-inflammatory Drugs for the Treatment of Neck Pain, JMPT, Oct. 1995)