HINTERLAND CHIROPRACTIC CENTRE 7 Price St, Nerang, 4211 Ph 07 5527 3133



CONFIDENTIAL PATIENT INFORMATION

Welcome to our practice! Please complete all questions and PRINT clearly.

Date: _____

| PATIENT INFOR | MATION | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|---------------------|--|
| Patient Name | | Mother's | Name | | |
| Address | | Mother's | Occupation | | |
| City | State | Mother's | Phone | | |
| Home Phone | | Mother's | Email | | |
| Cell Phone | | | | | |
| Email | | Father's N | Name | | |
| Sex □ M □ F A | ge Birthday | Father's (| Occupation | | |
| IN CASE OF EMERGENCY, CONTACT Name | | Father's F | Father's Phone | | |
| | | Father's E | | | |
| Relationship | | Who may | we thank for referring you? | | |
| Contact Number | | | | | |
| | Other: | | | | |
| Please describe: | ed on an emergency basis? □ | Yes □ No | | | |
| Has your child been treate Please describe: PREGNANCY HI | ed on an emergency basis? | | | | |
| Has your child been treate Please describe: PREGNANCY HI Did you experience any co | ed on an emergency basis? | ancy? (check all that apply | | | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any co | ed on an emergency basis? ISTORY Displications during your pregnation of the control of the c | ancy? (check all that apply □ Pre/Eclampsia | ☐ Strep B | □ Nauseau/Vomitting | |
| Has your child been treate Please describe: PREGNANCY HI Did you experience any co | ed on an emergency basis? | ancy? (check all that apply | | _ | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any co | ed on an emergency basis? ISTORY District of the control of the | ancy? (check all that apply □ Pre/Eclampsia | ☐ Strep B | _ | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any cool Back/Other Pain Pre-Term BIRTH HISTORY | STORY District of the control of th | ancy? (check all that apply □ Pre/Eclampsia | ☐ Strep B | _ | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any cool Back/Other Pain Pre-Term BIRTH HISTORY Type of birth (check all that | STORY District of the control of th | ancy? (check all that apply □ Pre/Eclampsia | ☐ Strep B | _ | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any cool Back/Other Pain Pre-Term BIRTH HISTORY Type of birth (check all that | ed on an emergency basis? | ancy? (check all that apply Pre/Eclampsia Swelling | □ Strep B □ Other (please describe) | | |
| Has your child been treate Please describe: PREGNANCY HI Did you experience any co Back/Other Pain Pre-Term BIRTH HISTORY Type of birth (check all that Hospital Cesarean | ed on an emergency basis? ISTORY Distribution of the content of | ancy? (check all that apply Pre/Eclampsia Swelling Home | □ Strep B □ Other (please describe) | | |
| Has your child been treated Please describe: PREGNANCY HI Did you experience any cool Back/Other Pain Pre-Term BIRTH HISTORY Type of birth (check all that Hospital Cesarean | ed on an emergency basis? ISTORY ISTORY ISTORY ISTORY INTERPORT DIABOTE INTERPORT D | ancy? (check all that apply Pre/Eclampsia Swelling Home | □ Strep B □ Other (please describe) | | |

| | | ormula | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| | each night: | Quality of sleep | o: | |
| At what age did the child: | | | | |
| | | | Hold head up: | |
| Stand: Sit unsu | | supported: | Walk unsupported: | |
| CHILDHOOD DIS | SEASES, ILLNESS | ES 8 VACCINATIO | ons | |
| las your child had (check | <u> </u> | | | |
| ☐ Chicken Pox ☐ Measles | | ☐ Rubeola | | |
| ☐ Mumps | ☐ Rubella | ☐ Pertussi | s/Whooping Cough | |
| | d from (check all that apply)?: | | , | |
| | | | D. Hamantanaina | D. Orthonodia Brahlana |
| ☐ Allergies | ☐ Broken Bones | ☐ Digestive Issues (constipation/diarrhea) | ☐ Hypertension | ☐ Orthopedic Problems |
| ☐ Anemia | ☐ Chronic Ear Aches | | ☐ Jeuvenile Rheumatroid Arthritis | ☐ Paralysis |
| ☐ Arm Problems | ☐ Colds/Flu | ☐ Dizziness | D. Islat Building | □ Poor Appetite |
| ☐ Asthma | ☐ Colic | ☐ Fainting | ☐ Joint Problems | ☐ Ruptures/Hernias |
| ☐ Back Aches | ☐ Convulsions/Seizures | ☐ Headaches | ☐ Leg Problems | ☐ Sinus Trouble |
| □ Bed Wetting□ Behavioral Problems | □ Delayed Speech□ Diabetes | ☐ Heart Trouble☐ Hyperactivity | □ Neck Problems□ Neuritis | TuberculosisWalking Problems |
| | child? ☐ As scheduled | ☐ Delayed Sched | dule | |
| | ☐ As scheduled | <u> </u> | | |
| □ No □ Yes | | <u> </u> | HISTORY | |
| No Yes | ☐ As scheduled | GERIES & FAMILY | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) | ☐ As scheduled | GERIES & FAMILY MEDICATION | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) | ☐ As scheduled | GERIES & FAMILY MEDICATION | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) | ☐ As scheduled | MEDICATION FAMILY HIST | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: | As scheduled | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) CORY (list) regnancies: ently pregnant? \bigcirc No \bigcirc | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: | As scheduled | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) FORY (list) regnancies: | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: Childrens' health concerns | As scheduled EDICATIONS, SURCE I have? | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) CORY (list) regnancies: ently pregnant? \bigcirc No \bigcirc | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: Childrens' health concerns | As scheduled EDICATIONS, SURCE I have? | MEDICATION MEDICATION FAMILY HIST Number of pi Are you curre Health conce | HISTORY IS (list) FORY (list) regnancies: ently pregnant? □ No □ erns regarding this pregnancy | 1 Yes, I'm due: |