

WELCOME TO HEALTH QUEST CHIROPRACTIC
PEDIATRIC FORM

Name:	Today's Date:		
What Do You Prefer to be Called:	SS#		
Parents'/Guardian's Names:			
Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Home Phone:	Parent's Cell:	MD Phone:	
Mailing Address:	City:	Zip:	
Child's Birth Date:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of MD:
Parent's Email Address (for newsletter and appointment information):			
How did you learn about our office?			
Previous Chiropractic Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate Last Visit Date:	

Please check reasons for pursuing chiropractic care for your child:

- He/She is continuing ongoing care from another chiropractor.
- I recently had my spine checked and see the value in getting my child checked.
- I'm concerned about his/her health and I'm looking for answers.
- I want to improve my child's immune function.
- I have no idea why we're here. Please take the time to explain to me what you do for children.
- He/She has a specific condition that concerns me.

Explain condition or symptom:

Please list any chronic health diagnosis that he/she has been given that we should be aware of.

If he/she takes prescription medications, please let us know the conditions for which he/she takes the medication. (We do not need to know the name of the medication at this time.)

Number of doses of antibiotics your child has taken:

During the past 6 months: _____

Total during his/her lifetime: _____

List reasons: _____

Number of doses of other prescription medications your child has taken:

During the past 6 months: _____

Total during his/her lifetime: _____

List reasons: _____

Prenatal History:

Adopted Yes No

Complications during pregnancy? Yes No

List reasons: _____

Ultrasounds during pregnancy? Yes No Number: _____

Medications/drugs/caffeine use during pregnancy? Yes No

List: _____

Cigarette/Alcohol use during pregnancy? Yes No

Location of birth: Hospital Birthing Center Home

Birth Intervention:

Mother Induced Mother medicated (Pitocin, etc.) Caesarian Section

Forceps Vacuum Extracted Baby given medication after delivery

Complications during delivery? Yes No List: _____

Genetic Disorders or Disabilities? Yes No List: _____

Breast Fed? Yes No How Long? _____ Formula Fed? Yes No How Long? _____

Food or Other Allergies? Yes No List: _____

According to the National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (ex. A bed, changing table, down stairs, etc.). Was this the case with your child? Yes No List: _____

Is/Has your child been involved in any high-impact or contact-type sports (ex. Soccer, football, gymnastics, hockey, basketball, cheerleading, martial arts, etc.)?

Yes No List: _____

Has your child been seen in an emergency room?

Yes No List: _____

Prior surgery? Yes No List: _____

YOUR THOUGHTS ARE CRITICAL TO OUR SUCCESS IN HELPING YOU

Your nervous system is the master system and controller of your body. Health and wellness are therefore mediated through your nervous system. What makes our office different, is that we have a unique and modern approach to supporting and expanding your health by improving how your nervous system performs. The Neurospinal Function Index (NSFi), which is the rating of results of the series of tests with the Insight technology that your doctor had ordered on you, scales from 0-100. The higher the score, the better your NSFi. A graph representing this is below.

Lifestyle stress adversely effects your nervous system and general health. Many times, when people think they have a 'back problem', what they really have is a 'health problem' that is a result of the way they are living.

Please answer the following questions so we may better understand how to help you:

1. On a scale of 1 to 10 (10 being the most important) how important is your health to you?

On the graph to the right:

2. Please put an 'X' to score where you think you are today.

3. Please circle where you would like to be (your goal).

4. How long do you think it might take to get to where you circled? _____

5. What things might you need to change to help you reach your goal?

a: _____

b: _____

c: _____

d: _____

6. If we could make recommendations that would not only address your main concerns, but could also help you with improving your overall health, would you like to hear them? ____ yes ____ no

NeuroSpinal
Function
Index (NSFi)



Directions to Health Quest Chiropractic

505-343-6120

Our office is located at **3824 Masthead NE**, west of Jefferson in the Journal Center 2 complex.
The red balloon with an "A" on the map below is where our office is located.



From I25 (northbound)

Take the San Antonio/Ellison exit and go left (west) onto Ellison. Jefferson is the second traffic light; turn right (north). Turn left (west) on Masthead, the first traffic light. Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.

From I25 (southbound):

Take the San Antonio/Ellison exit, and go right (west) on Ellison. Jefferson is the first traffic light; turn right (north). Turn left (west) on Masthead, the first traffic light. Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.

From West side:

Take Paseo del Norte east to Jefferson (just before I-25). Turn right (south) on Jefferson. Masthead is the first traffic light; turn right (west). Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.