

Infant / Child New Patient Information Package**Dr. Anne M. Desneiges - Chiropractor**

Name: _____

Address: _____ street _____ city _____ Postal code: _____

Telephone: home: (____) _____ work: (____) _____ ext: _____ cell:(____) _____

Date of Birth: ____ / ____ / ____ E-mail: _____
Day Month Year

Primary Health Care Physician: _____

Date of last physical exam? _____ How did you learn about us: _____

Birth Information

Length of Pregnancy: _____

Quality of Pregnancy: Physically (pain, energy level,...)	good	1	2	3	4	5	difficult
Emotionally		1	2	3	4	5	
Chemical sensitivities / hormones		1	2	3	4	5	
Neurological (nausea, balance,...)		1	2	3	4	5	

Any complications: _____

Length of Labor: _____ Labor Difficulty: easy 1 2 3 4 5 6 7 8 9 10 very difficult

Any interventions &/or drugs utilized: _____

Any complications: _____

Health of Child at Birth: _____

Health of Child at present:	Physical	poor	1	2	3	4	5	good	6	7	8	9	10	excellent
	Mental	poor	1	2	3	4	5	good	6	7	8	9	10	excellent
	Emotional	poor	1	2	3	4	5	good	6	7	8	9	10	excellent

Infant Illnesses

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> colic | <input type="checkbox"/> measles | <input type="checkbox"/> viral infections |
| <input type="checkbox"/> jaundice | <input type="checkbox"/> diarrhea | <input type="checkbox"/> bacterial infections |
| <input type="checkbox"/> respiratory difficulties | <input type="checkbox"/> vomiting | <input type="checkbox"/> cerebral palsy |

Childhood Illnesses

- | | | |
|---|--|--|
| <input type="checkbox"/> measles | <input type="checkbox"/> tubes in ears | <input type="checkbox"/> whooping cough |
| <input type="checkbox"/> mumps | <input type="checkbox"/> chicken pox | <input type="checkbox"/> meningitis |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> mumps | <input type="checkbox"/> rheumatic fever |

Primary Complaint Details

What is the primary concern or symptom: _____

What happened to bring this on? _____

When did this happen or start? _____

How would you describe the symptom or problem?

- In frequency (how often): _____
- In quality (sharp, dull, achy, throbbing,...): _____

What makes it feel better? _____

What makes it feel worse? _____

Have you sought any treatment for it? **YES NO**

If yes, what kind and did it help? _____

Has the child had any tests, x-rays, CAT scans, MRI's or blood work done for this issue? **YES NO**

What were the results? _____

Hospitalization & Surgeries

Injures list all major injuries, car / bicycle accidents, any traumas, dates and related symptoms

Vaccines / Medication -current and any major past medication, dosage and condition treated

Activity -please list current activities and approximate number of hours/week.

If applicable:

Check **PRESENT symptoms** ; underline PAST conditions; Circle specifics *ex: knee /foot*

General Symptoms

- Headaches / Migraine
- Fever / Chills
- Night Sweats / Sweats
- Night Pain
- Weight Loss
- Loss of sleep
- Clumsiness

E.E.N.T.

- Blurred or loss of vision
- Eye pain
- Contacts
- Ringing in the ears
- Earache
- Deafness
- Speech problems
- Sore throat
- Difficulty swallowing

Muscles & Joints (stiff/pain)

- Neck
- Back: upper / lower
- Shoulder
- Elbow
- Wrist / Hand
- Hip
- Knee
- Ankle / Foot
- Arthritis RA / OA
- Swollen joints
- Fractures
- Jaw problems

Respiratory

- Chronic cough
- Spitting up phlegm / blood
- Chest pain
- Difficulty breathing
- Bronchitis
- Asthma
- Sinus problems

Cardiovascular

- Heart murmur
- Heart disease
- History of heart attack
- High / Low blood pressure
- Bleeding disorders
- Swelling
- Poor circulation

Gastrointestinal

- Poor appetite
- Cravings: sweets/ starch/ other
- Indigestion
- Stomach pain
- Ulcer
- Nausea
- Vomiting / blood
- Belching / gas / bloating
- Constipation
- Diarrhea
- Hemorrhoids
- Gall bladder trouble
- Hiatus / inguinal hernia
- Crohn's / Colitis
- Irritable Bowel

Genitourinary

- Painful urination
- Difficulty urinating
- Blood in urine
- Kidney / bladder infection
- Stones
- Bed wetting

Skin

- Sensitive
- Rashes/itching
- Bruise easily
- Dryness
- Boils / hives
- Contagious condition
- Herpes / Cold sores

G.U. for Girls

Menstruation:

- painful
- heavy / scant
- irregular
- cramps / backache
- Breast swollen / painful

Systemic conditions

(indicate child or any family member)

- Diabetes
- Cancer
- Heart disease / Stroke
- Hypo / Hyper thyroid
- Gout
- Liver disease/ problems
- Epilepsy
- Hepatitis
- Tuberculosis
- Osteoporosis

Immune system

- Colds / Flu often
- Allergies
- Sensitive to environment
- Slow to heal
- HIV + / AIDS

Psychosocial

- Daily Stress
mild / moderate / extreme
- Emotional crisis
- Depression/Anxiety
- Psychiatric/Psychological care
- Addictions: _____

Other Health Care

- Chiropractic
- Massage therapy
- Naturopath/Homeopath
- Craniosacral
- Physiotherapy/Osteopathy
- Acupuncture / pressure
- Nutrition
- Other: _____

Informed Consent to Spinal Care

Dr. Desneiges incorporates different techniques to uniquely care for you as a whole person. They are the following:

- Chiropractic (traditional)
- Network Spinal Analysis (non-force Chiropractic)
- Activator Chiropractic Technique (utilizing a small tool for chiropractic adjustments)
- Cranio-sacral Therapy
- Nutrition

I hereby request and consent to receiving care by Dr. Anne M. Desneiges.

I will have an opportunity to discuss with her, the nature and purpose of any of the procedures.
I understand that the results are not guaranteed.

I further understand and am informed that in the practice of chiropractic and these additional therapies, there are some possible physical, emotional and mental side effects that may occur. I do not expect the doctor to be able to anticipate and explain all risks and complications. I rely on the doctor to exercise her judgment during the course of the procedure, which she feels at the time, based upon the facts then known, is in my best interest.

Due to the utilization of other gentle methods, she does not normally implement **manual adjustments** and would ask for your consent if one were required. The alternative methods and their side effects are described on the next page.

⇒ I have read the above consent. I have had an opportunity to ask questions about its content, and by signing below, I agree to the included procedures. I intend this consent form to cover the entire course of my treatment plan.

TO BE COMPLETED BY PATIENT:

Print Patient's Name

Signature of Patient
(or parent / guardian)

Date Signed

Please CIRCLE clearly if there is a technique you do NOT wish to receive

1) Network Spinal Analysis: An alternative chiropractic technique. A gentle non-manipulative technique based on releasing tension and optimizing communication within your nervous system. With small finger contact (mostly to the neck and pelvis), the brain is triggered to “pay attention” to the stored tension/symptom and act upon it. As tension and stress leave the body, the person may experience physical, emotional and chemical side effects.

www.wiseworldseminars.com

2) Chiropractic Activator Technique: a technique utilizing a small tool that delivers a small direct force. Used to correct joint dysfunctions instead of spinal manipulative adjustments. Used most often on extremities (ex: wrists and feet). See chiropractic for risks.

www.activatortechnique.com

3) Chiropractic: a century old hands on healing therapy and philosophy that is now a scientifically supported and approved profession. Doctors of Chiropractic are recognized Health Professionals by the Government of Canada, and are covered by most health insurance plans.

⇒ Unique to chiropractic is the spinal manipulative adjustment, which has very slight risks to treatment, including, but not limited to muscle strains, disc injuries, and stroke (1 in 1 million).

*Note: Dr. Desneiges does not perform neck manipulations

www.chiropractors.ns.ca

4) Cranio-sacral Therapy: a gentle, hands-on approach to balancing and re-optimizing the craniosacral rhythm which is the rhythm of the cerebrospinal fluid along the nervous system and brain. In addition, work with fascia (connective tissues), scars and viscera (abdomen) are often performed. Possible side effects are similar to NSA – physical, emotional and chemical releases may allow for relief or discomfort.

www.upledger.com

5) Nutrition: Dr. Desneiges may provide nutritional guidance. Following directions given by her are to your advantage, although at your discretion.

Dr. Anne Desneiges Fees

CHILDREN (0 – 12yrs)

New Patient Visit	\$50.00
Regular Visits	\$25.00

Special appointments such as Re-examinations; SRI visits or special extended visits have different fees. Please check with the front desk.

**We accept cash, cheque, Visa, MasterCard, Amex and debit.

I understand that the fee above pertains to me and I agree to pay it upon receipt of my sessions.

Signature

Date