



CHIROPRACTIQUE ALONZO DR. STÉPHANE CHILLIS CHIROPRACTICIEN

Téléphone : 819-246-4910

Family name :		Given name :	
Date of birth :	Day / Month / Year	Sex : M / F	
Address :		City :	
Province :		Postal code :	
Home phone number :		Work phone number (mother) :	
Cellular phone number :		Work phone number (father) :	
Name of the mother :		Occupation :	
Name of the father :		Occupation :	

Pediatric consultation

The vast majority of our patients have experienced at least dozens of impacts that have caused subluxated vertebra. What I want you to do now is discover several of yours.

What was your child's birth like? _____

How long was the duration of the entire labour? _____

How long did you actually pushed? _____

Were you induced? Yes No

Did you received peridural? Yes No

C-section? Yes No

Was there any pulling on the head? Yes No Forceps: Yes No vacuum extraction used: Yes No

47% of all children fall on their head before age 1 and they have at least 200 more major falls by the age of 5.

When was your son/daughter most recent fall? _____

Was any care given? Yes No Was he/she checked by a chiroprator? Yes No

And the fall before that? Yes No Any care given? Yes No

If so describe the care given? : _____

What sports or recreational activities does she/he do? _____

When was your son/daughter most recent stress, strain, or injury while doing these activities?

Any treatment received? Yes No If so, which one : _____

Has son/daughter been involved in a motor vehicle accident as a passenger? Yes No

If so, please describe briefly : _____

Past chiropratic cares? Yes No If yes, name of the chiropractor : _____

Consultation pédiatrique

Thank you for explaining your son/daughter history of accident and traumas. This will help the doctor to better understand the case. I want to ask you a few questions regarding your son/daughter current health concerns. Thank you ☺

Does he/she have any health concerns? Yes No

If so, describe : _____

For how long? _____

Subluxation vertebra can cause irritation to different fibers within nerves that can affect any organ or tissue, causing conditions now or in the future.

Are there any other conditions that your son/daughter are experiencing? _____

If so, for how long? _____

How many times your son/daughter had these conditions? _____

Any medications? Yes No

If so, describe? _____

* This questionnaire and examination will determine whether chiropractic treatment will help you. If chiropractic is not able to help you, we will refer you to the appropriate health services. The x-rays, the exams and chiropractic treatments must be paid at each visit. The x-rays will remain as the property of the clinic

Parent's Signature/ curator

Date

**According to the Quebec Order of chiropractors; article. 3.07.01 of the code of ethics :*

- 1. The original patient's file, including x-rays, are the chiroprator's property.*
- 2. The law requires the chiroprator to keep all the original files, including x-rays for a period of 5 years.*

