

# Pediatric Patient Introduction Information

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt#) (City) (State) (Zip).

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Names of Parent(s) or Legal Guardian: \_\_\_\_\_

Name of Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous Chiropractic Care? \_\_Yes \_\_No Chiropractic Doctor's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph.No. \_\_\_\_\_ Relationship \_\_\_\_\_

Who (or what source) referred you? \_\_\_\_\_

*It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged*

## Child's Health History:

1) Child's birth was: At home At a birthing Center At a hospital

2) My obstetrician/midwife/family practitioner was \_\_\_\_\_

3) Child's birth was Natural vaginal (no medications/interventions)  
Vaginal with interventions:  
Induction Pain Medication Epidural Episiotomy  
Vacuum extraction Forceps Other: \_\_\_\_\_  
C-section:  
Scheduled Emergency

4) Please list reasons for interventions/complications: \_\_\_\_\_  
\_\_\_\_\_

5) Child's birth weight: \_\_\_\_\_ Birth height \_\_\_\_\_  
Current weight \_\_\_\_\_ Current height \_\_\_\_\_

6) Please list any major injuries, accidents, falls and/or fractures your child has sustained in his/her lifetime including this year: \_\_\_\_\_  
\_\_\_\_\_

# Pediatric Patient Personal / Confidential Data

••Kirk Chiropractic • Dr. Daren L. Kirk••

Patient's FULL Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient's Condition:

1) What health condition brings your child to our office?

1<sup>st</sup> Condition: \_\_\_\_\_

2<sup>nd</sup> Condition: \_\_\_\_\_

3<sup>rd</sup> Condition: \_\_\_\_\_

2) When did your child feel the most recent occurrence/reoccurrence of their condition if less than 1 month?

1st: \_\_\_ Today \_\_\_ #Days Ago \_\_\_ #Weeks Ago \_\_\_\_\_ Date/AM-PM

2nd: \_\_\_ Today \_\_\_ #Days Ago \_\_\_ #Weeks Ago \_\_\_\_\_ Date/AM-PM

3rd: \_\_\_ Today \_\_\_ #Days Ago \_\_\_ #Weeks Ago \_\_\_\_\_ Date/AM-PM

3) What were they doing when you first noticed the problem for each condition?

Auto  Unknown  Other(List Below): \_\_\_\_\_

4) On a scale of 0 to 10, 0 being no pain and 10 being the worst pain, where would you rate your child's pain or intensity? 1<sup>st</sup>) \_\_\_\_\_ (Rate 0-10) 2<sup>nd</sup>) \_\_\_\_\_ (Rate 0-10) 3<sup>rd</sup>) \_\_\_\_\_ (Rate 0-10)

5) What % of time does your child have discomfort?

1<sup>st</sup>:  Constant(100%)  Frequently(75%)  Occasionally(50%)  Intermittently(25%)

2<sup>nd</sup>:  Constant(100%)  Frequently(75%)  Occasionally(50%)  Intermittently(25%)

3<sup>rd</sup>:  Constant(100%)  Frequently(75%)  Occasionally(50%)  Intermittently(25%)

6) Was the onset of discomfort *Sudden* or *Gradual* 7) Since it began, how has the discomfort been?

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

1<sup>st</sup>:  Better  Worse  Same

2<sup>nd</sup>:  Better  Worse  Same

3<sup>rd</sup>:  Better  Worse  Same

8) What aggravates the discomfort(s)? Checkmark: the #'s that are aggravated by the action.

For example: Does Standing aggravate complaints 1 & 2?: Answer looks like this:  1  2  3: Standing

1  2  3: Standing  1  2  3: Sitting  1  2  3: Lifting  1  2  3: Bending

1  2  3: Walking  1  2  3: Running  1  2  3: Laying Down  1  2  3: Turning

9) What is DIFFICULT/ IMPOSSIBLE to do because of the discomfort(s)? Checkmark: the #'s that apply

1  2  3: Sleeping  1  2  3: Riding  1  2  3: Household Chores  1  2  3: Eating

1  2  3: Playing  1  2  3: Carrying  1  2  3: A hobby?(swim, golf, quilting...) \_\_\_\_\_

10) What are you CURRENTLY doing for your child to relieve the discomfort(s)?

Checkmark: the #'s that apply

1  2  3: Nothing  1  2  3: Rest  1  2  3: Ice  1  2  3: Heat

1  2  3: Over the Counter/Rx medicine: \_\_\_\_\_

1  2  3: Other: \_\_\_\_\_

11) What have you done in the PAST to relieve the discomfort(s) for your child?

Checkmark: the #'s that apply.

1  2  3: Medical Doctor  1  2  3: Physical Therapy  1  2  3: OTC/Rx: \_\_\_\_\_

1  2  3: Other: \_\_\_\_\_

12) How would you describe the discomfort(s) for your child? Checkmark: the #'s that apply.

1  2  3: Dull  1  2  3: Aching  1  2  3: Burning  1  2  3: Throbbing  1  2  3: Sharp

1  2  3: Numb  1  2  3: Tingling  1  2  3: Shooting  1  2  3: Other: \_\_\_\_\_



# CONSENT FOR TREATMENT OF MINOR

Date \_\_\_\_\_

I hereby authorize:

\_\_\_\_\_ *Kirk Chiropractic; Dr. Daren L. Kirk* \_\_\_\_\_

and whomever he or she may designate as assistants to administer examinations and chiropractic care as deemed necessary to:

\_\_\_\_\_ Minor Patient's Name \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kirk Chiropractic, PC  
8514 N 128<sup>th</sup> E Ave. Owasso, OK 74055  
Ph: (918) 272-6200 Fax: (918) 274-3724

## ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.

Obtain payment from third-party payers.

Conduct normal health care operations such as quality assessments and accreditation.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the Acknowledgment
- An emergency situation prevented us from obtaining Acknowledgment
- Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date