

Matthews Family Chiropractic

Dr. John J. Hanna • Dr. Mechelle F. Hanna

9808 Northeast Parkway

Matthews, NC 28105

(704) 845-0699 • Fax (704) 841-1808

Pediatric Patient Introduction

Child's Name _____ Parent's Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Mother's Cell # _____ Father's Cell # _____

Date of Birth _____ Age _____ Birth Weight _____ Birth Height _____

Type of Birth: Normal Vaginal _____ Forceps _____ Breech _____ Cesarean _____
Home _____ Birthing Center _____ Hospital _____

Problems during Pregnancy _____

Problems during labor/delivery _____

Apgar Score _____ At Birth was there: Jaundice _____ Cyanosis _____

Congenital Anomalies/Defects _____

Infant Feeding: Breast _____ Bottle _____ Formula _____

Of Hours Sleep at night _____ Quality of sleep: Good ___ Fair ___ Poor ___

Obstetrician/Midwife (Name & Location) _____

Pediatrician/Family MD (Name & Location) _____

Date of last visit to MD _____ Purpose of Visit _____

Please list any immunizations the patient has received along with the date, and any reaction observed _____

Has your child been treated on an emergency basis? _____

Describe: _____

Has this child ever suffered from:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chronic Earaches | <input type="checkbox"/> Rubella | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Backaches |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Colds/Flu |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Digestive Disorders | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Neuritis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Sugar Concentration | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Ruptures/Hernias | <input type="checkbox"/> Muscle Jerking | <input type="checkbox"/> Leg Problems | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Walking Problems | <input type="checkbox"/> "Growing Pains" | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Neck Problems | <input type="checkbox"/> Arm Problems | | |

Purpose of this appointment: _____

Referred By: _____

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Authorization for Care of Minor

I hereby authorized Dr. _____ and whomever he/she may designate to assist and administer chiropractic care as he/she deems necessary to my _____ (indicate relationship of child), _____ (Name of child).

Dated at Matthews Family Chiropractic in Matthews, NC 28105 this _____ day of _____, 20 _____.

Signed: (Parent/Guardian) _____

Witnessed: _____

*Payment is expected at Time of Visit
We Accept Cash, Check, MasterCard & Visa*

Name of person responsible for payment _____ Are you insured? YES NO

Company Name _____

** Please show all insurance cards to receptionist*

I understand and agree that health and accident insurance policies are an arrangement between an **insurance carrier and myself**. Furthermore, I understand that Matthews Family Chiropractic will prepare any necessary reports and forms as a courtesy to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Matthews Family Chiropractic will be credited to my account on receipt. (Note: Reports refer to any usual report; it does not apply to narratives or medical detailed reports which are additionally requested.) Please be advised that there is an interest charge of 1.5% monthly 18% annually on all bills past due by thirty days or more. **I clearly understand and agree that all services rendered me are charged directly to me regardless of insurance, and that I am personally responsible for payment.** I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable. Patients with insurance co-payments must stay current with their portion of payment!

Patient or Guardian Signature _____ Date _____

Amex MasterCard Visa

Card# _____ Exp. Date _____

Payment is expected at time of visit we accept cash, check, Amex, MasterCard, and Visa.

SUBLUXATION

How abnormal position of the spine and subluxation (misalignment) can affect your health

Subluxation:

1. A misaligned spinal bone (vertebrae) which causes compression, tension, irritation, and damage to the Central Nervous System [The Central Nervous System is made up of the brain, spinal cord, and spinal nerves. The Central Nervous System totally controls all functions and healing in the human body].
2. Causes interference of the Central Nerve System.
3. Causes the organs and muscles of the body to malfunction and heal poorly due to the interference they create in the Central Nervous System.

Malfunction in the body and poor healing result in lowered resistance to infection, allergies, illness, and disease.

SUBLUXATIONS are caused by a lifetime of stress and trauma. Slips, falls, auto accidents, sports injuries, poor posture, bad sleeping habits, stress at work, or even childhood mishaps and the birth process itself can cause the spinal cord to move out of its normal position.

The Central Nervous System totally controls all the functions and healing in the body. The most common and likely way to interfere with the Central Nervous System is any abnormal position of the spine or **SUBLUXATION** (misalignment).

Symptoms are the body's warning signals that something has been malfunctioning for some time and has needed attention. In most cases, **SUBLUXATION** is present without symptom or warning. Usually, **SUBLUXATION** has existed for many years by the time a symptom arrives.

The purpose of a Chiropractic evaluation in our office is to find out if **SUBLUXATION** is interfering with your Central Nervous System causing malfunction. If we find **SUBLUXATION** on your exam, nerve tests, and/or x-rays studies WE CAN HELP YOU!