



File No: _____

A. Health concerns:

Reason for consulting the office: _____

List other care undergone for this complaint. (Including medications) _____

Date of onset ____/____/____ Onset was: Sudden / Gradual / Associated with an event

Duration of problem (episode) _____ minutes / hours / days / months / years

Pattern of problem: Constant / Intermittent / Occasional / Cyclical

Initiating factors: _____

Aggravating factors: _____

Relieving factors: _____

Effects of problems on body function and daily activities: _____

Prior occurrence or episodes: _____

Any Other Health Concerns: _____

B. History of Birth

(please circle all that apply)

Hospital / Birthing center / Home / Medical / Midwife

Duration of Gestation _____ weeks

Assisted birth: NO / YES If yes, what? _____

Duration of birth: _____



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Complications at birth: NO / YES If yes, explain _____

Was delivery normal? NO / YES _____

APGAR at birth: _____ After 5 minutes: _____

Birth Weight: _____ Birth Length: _____

C. Growth and Development:

Was the infant alert and responsive within twelve hours of delivery? YES / NO (Explain)

Has your child met their developmental milestones at the appropriate times? YES / NO (If no, explain) _____

Does their sleeping pattern seem normal to you? YES / NO (explain) _____

Any health problems (cancer, diabetes, heart disease, etc) on the mother's side of the family: ____

On the father's side: _____

With siblings: _____

D. Chemical Stressors:

Problems with which chiropractors concern themselves can be related to many types of stressors, the following information is also very important to us:

Was the baby breast fed? NO / YES How long? _____

Food intolerance? NO / YES Type? _____

Did the mother have any illnesses during the pregnancy? _____

Any supplements taken by the mother during pregnancy: _____

Any drugs taken during pregnancy: _____



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Any exposure to ultrasound? NO / YES If so, how many and what was the medical reason: _____

Any invasive procedures (amniocentesis, CVS): _____

Any smokers in the home: NO / YES (How much) _____

Any vaccinations: NO / YES Which ones? _____

Any reactions? _____

Any antibiotics: NO / YES Explain: _____

Total number of courses of antibiotics to date? _____

E. Psychosocial Stressors:

Any difficulties with lactation? NO / YES

Any behavioural problems? NO / YES Onset: _____

Any night terrors, sleep walking, difficulty sleeping? NO / YES Specify: _____

Does your child seem normal for their age? YES / NO Explain:

F. Traumatic Stressors:

Any traumas during pregnancy (falls, accidents) NO / YES Explain: _____

Any evidence of birth trauma: bruises, odd shaped head, stuck in birth canal, fast or excessively long birth, respiratory depression, cord around neck, other _____

Any falls from couches, beds, change tables: NO / YES Explain: _____



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Any traumas with bruising, cuts, stitches, fractures: NO / YES Explain: _____

Any hospitalizations: NO / YES Explain: _____

Any surgeries or organs removed: NO / YES Explain: _____



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Privacy Policy
Chiropractic and Massage in the Village

Privacy of personal information is important to Chiropractic and Massage in the Village. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be as open and transparent as to how we handle personal information.

Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender and age. As part of your patient file we retain your health history; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you; your prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Chiropractors of Ontario, and the applicable law.

Staff Members

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the clinic records personnel that control access to your patient file, the clinicians and interns that provide you with chiropractic services, the clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

Disclosure of Personal Information

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we outline below how our clinics use and disclose this information:

- To deliver safe and effective patient care
- To enable us to contact you
- To communicate with other health care providers
- For teaching and demonstrating on anonymous basis
- To complete and submit claims on your behalf to third party payers
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act



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- To process payments and collect unpaid accounts
- For research purposes

Other

Occasionally Chiropractic and Massage in the Village may use your name on our internal referral board within the confines of the clinic in order to thank you for your referrals to us. Please check the following box if you do not wish to be thanked on our internal referral board.

Staff at Chiropractic and Massage in the Village may contact you and leave a message on either your answering service or e-mail to remind you of an appointment. Please check the following box if you do not wish to be left any voicemail or e-mail messages.

By reading this policy, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.