



# Lethbridge Chiropractic

Dr. Brandon Workman D.C. 122 A 5 St. S, Lethbridge, AB  
Phone: 403-524-2929 • Fax: 403-524-2959 • www.lethbridgechiropractic.ca

## CHILD'S HEALTH HISTORY

DATE: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Day / Month / Year

Address \_\_\_\_\_  
Street Apt# City Province Postal Code

AB Health Care # \_\_\_\_\_ Gender M / F Third Party Insurance: \_\_\_ Yes \_\_\_ No

Home Phone #(\_\_\_)\_\_\_\_-\_\_\_\_\_ Parent/Guardian Cell Phone #(\_\_\_)\_\_\_\_-\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #(\_\_\_)\_\_\_\_-\_\_\_\_\_

How did you hear about us? \_\_\_ Print Ad \_\_\_ Internet \_\_\_ Word of Mouth (Name) \_\_\_\_\_ \_\_\_ Other? \_\_\_\_\_

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Checkup \_\_\_\_\_ or \_\_\_\_\_

Describe Health Concern: \_\_\_\_\_

How long has the patient has this concern? \_\_\_\_\_

What seemed to be the initial cause? \_\_\_\_\_

Previous Treatments? \_\_\_\_\_

Are you under the care of a physician? \_\_\_ Yes \_\_\_ No. If yes, for what reason \_\_\_\_\_

Has the patient had any injuries? \_\_\_ Yes \_\_\_ No. If yes, describe the injury \_\_\_\_\_

Have they been hospitalized? \_\_\_ Yes \_\_\_ No Describe \_\_\_\_\_

Are they on any medication? \_\_\_\_\_

Do they have any allergies? \_\_\_\_\_

Family History: \_\_\_\_\_

Comments: \_\_\_\_\_

### AUTHORIZATION TO TREAT A MINOR CHILD

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

As a parent or legal guardian, I hereby authorize treatment for the following: \_\_\_\_\_  
(Patient's full name)

to any chiropractic treatment deemed advisable, if a parent or legal guardian is not available when the minor is brought in for treatment.

This authorization will be effective as of \_\_\_\_\_ and expires \_\_\_\_\_.

**\*\*Please notify our front office staff if there is an alternate address / phone number or form of communication\*\* that you wish us to contact you by other than your listed information above. I have read and understand that this alternative is available to me**



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Signature \_\_\_\_\_ Witnessed by \_\_\_\_\_  
(Parent or Guardian)

### ACKNOWLEDGEMENT AND UNDERSTANDING

#### Please initial each item below.

1. \_\_\_\_\_ I hereby authorize Dr. Brandon Workman to provide Chiropractic Services for me.
2. \_\_\_\_\_ I understand and agree that regardless of insurance coverage, I am liable for any charges incurred as a result of services rendered to me at Lethbridge Chiropractic.
3. \_\_\_\_\_ If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collections.
4. \_\_\_\_\_ I hereby assign all chiropractic benefits due for services provided, including major medical benefits to which I am entitled, Alberta Health Care, private insurance and all other health plans, to Lethbridge Chiropractic, 122A 5 St. S., Lethbridge, AB, T1J 2B2.
5. \_\_\_\_\_ I authorize release of patient's records to third parties requiring these records for determination of financial liability.

By signing this application I affirm under penalty that I have given true complete information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Patient Signature

### CONSENT FORM

To Our Patients:

Chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat application, electrotherapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. Side effects include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare and their association with spinal adjustments (manipulation) is debated. These complications include injury to the arteries in the neck which may be associated with stroke and serious neurologic impairment, injuries to the spinal discs, and spinal fractures. Serious complications are estimated to be in the range of .5 – 2 incidents per million adjustments for adjustments of the neck, and 1 per million for adjustments of the low back. Please ask Dr. Brandon if you have any questions, he would be happy to provide you with further information regarding possible side effects from chiropractic treatments.

*I have read and understand the above statements regarding treatment side effects. I also understand that there is no guarantee or warranty for a specific cure or result.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date