



# CHIROPRACTIQUE ALONZO DR. STÉPHANE CHILLIS CHIROPATICIEN

**Téléphone : 819-246-4910**

Family name :		Given name :	
Date of birth :	Day / Month / Yeay	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.*

