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kacielegal@elementsofbeing.com



We want to know about your child! (Confidential)

Name (last) _____ (first) _____ (mi) _____

Home Address (street) _____ (City) _____

(State) _____ (Zip) _____

Birthdate: ____/____/____ Age: _____

Name(s) and age(s) of siblings _____

Parent(s)/Guardian (s) Name(s) _____

Parent (s)/Guardian (s) Phone (Home) _____ (Work/Cell) _____

Email _____

Who may we thank for referring you and your child? _____

Has your child received prior chiropractic care? Y/N

When was their last visit?

Name of previous Chiropractor

What is your reason for seeking Chiropractic care for your child?

Have you consulted any other health care practitioners for this reason? Y/N If Yes, Who:

The Pregnancy Process:

During the pregnancy process, did mother:

Take medications? Y/N Type:

Experience any illness? Y/N Type:

Undergo undue stress? Y/N if yes, explain

Receive ultrasounds or other radiation? Y/N

Smoke or consume alcohol or drugs? Y/N

The Birthing Process:

Birthplace (circle one): Home /Hospital/Birthing Center

Type of Birth (circle one): Vaginal/C-Section

Orientation (circle one): Cephalic (head first) /Breech (feet first)/ Occiput Posterior (facing forward)/don't know

Procedures: Forceps? Y/N Vacuum Extraction? Y/N

Birth Assistants: M.D.? Y/N Midwife? Y/N Doula? Y/N

Did the person assisting the delivery twist or pull the baby during the delivery? Y/N

How long did labor & delivery last?

What was the mother's position during labor?

Did the mother have an episiotomy? Y/N

Was labor chemically induced? Y/N

What was the child's gestational age at birth?

Was your child breast-fed soon after the birth? Y/N

Were any drugs administered during the labor process (IV or epidural)? Y/N

Was your child subjected to any of the following?

Silver Nitrate eye drops? Y/N Incubation? Y/N if yes, how long?

Vitamin K injection? Y/N

Hepatitis injection? Y/N

Separation from mother? Y/N

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if yes, how long?

Growth and Development:

Did your child have growth or developmental delay? Y/N If yes, please describe.

Physical Stresses/Earth Element

- Headaches
- Car accidents
- Sports Injuries
- Head injury/loss of consciousness
- Sleeping difficulty
- Poor Posture
- Heavy computer/cell phone use
- Low physical activity
- Plays in sports/dance
- Breathing problems
- Vision problems
- Bed Wetting

Emotional Stresses/water Element

- Hyperactivity
- Irritable
- Attention problems
- Hypoactivity
- Delayed social/emotional development
- Night Terrors/sleepwalking
- Withdrawn
- Depression

Chemical Stresses/Fire Element

- Vaccines?
MMR Polio Chicken Pox Flu DPT
- Caffeine
- Digestive stress
- Digestive Issues
- Refined sugars
- Has been on antibiotics
- Other medications (please list)
- Aspartame/artificial sweeteners
- Frequent Colds
- Allergies (please list)
- History of ear infections

Mental Stresses/Air Element

- Challenges staying focused at home/school
- Child "drifts" off while engaging with him/her
- Diagnosis of mental challenge
- Learning challenges
- Anxiety/fears

Other Questions

Is there any other physical, chemical, emotional or mental symptoms other than listed above that may be of importance?

Who is on your child's health care team (massage, nutrition, acupuncture, etc)?

Do you have any dietary concerns for your child? Y/N

If so, please explain: _____

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OUR PURPOSE — A Statement of Clinical Objective

The purpose in sharing with you this statement of clinical objective is to clearly define Elements of Being approach to Chiropractic, to healing and to those we serve in this office.

The following concepts are central to Chiropractic and we are pleased to share these ideas with you so that we can be in alignment of purpose from the very beginning.

- * There is intelligence within each individual, which keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals.
 - * The nervous system is the main coordinating system and distribution center for this innate intelligence.
 - * Alteration in the shape, position, tone, or tension of then nervous system, (especially at the spine) will block, inhibit, or redirect the expression of this intelligence.
 - *The sole purpose of the Chiropractic Adjustment in this office is to bring more ease into the body and empowering a greater communication of each person’s self-healing power.
 - * Everyone, in spite of specific symptoms or ailments, can benefit from a nervous system which is more flexible, elastic, and more adaptable to life’s stresses.
 - * The innate intelligence, through the functioning of the nervous system, is the true agent of healing, empowerment, coordination, inspiration, movement, and joy. Healing is an inside job, coordinated by the same power that develops and renews your body.
 - * By their very intent, various forms of treatments may interfere with the functioning of the nervous system and are often incompatible with maximizing the benefits of chiropractic adjustments. This may include drugs such as pain reducers, muscle relaxants, anti-inflammatory compounds, and mood altering medications.
 - * We will not venture into the practice of medicine by advising about the need for reduction of such medications. We suggest you speak with your physician to determine the objective and goal to be obtained by receiving the medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently taking to accommodate for your changing body-mind.
 - * Consistent with these concepts, we choose to help each individual member of Elements of Being experience a greater level of wellness, flexibility, personal growth, empowerment, and healing by locating and adjusting areas of stored tension and potential energy with whichever force application appears most honoring to that individual at that time.
- I, _____ have read this statement of purpose, and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of diagnosis or treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom. This office offers chiropractic as a form of wellness care, to promote the natural mechanisms for self-healing and empowerment.

Signature of Parent or Guardian:

Date:

Please check here if you would like to opt out of our emails and informative newsletters _____

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