Welcome To Marion Family Chiropractic

Information for Minors

			Today	r's Date:
Name:	Nick Name:	Date of Birth:	18 MC 17 T	Age:
Address:				
Address:	Town	THE RELEASE OF THE PARTY OF THE	State	Zip
Phone Number(s):		Social Secur	rity #:	
		Sheepsey Al		
Fathers Name:	Da	ate of Birth:	Phone Numb	er:
Address (if different from above):				
Occupation:	Employer:	Maria I de la companya del companya del companya de la companya de		100 10
Mothers Name:	Da	ate of Birth:	Phone Numb	er:
Address (if different from above):		Testina Barria Barria		20 To 1 To 1
Occupation:	Employer:	The Atlanta Production		The second secon
Names & Ages of siblings:		Type and the second		OR 2024 1 10 1
Person accompanying minor toda	ıy:	Relationshi	p:	merculation of the second second
Reason for consulting this offic				
O Wellness & Prev O Specific pain an Has this child/teen been under previous child/teen bee	rentive care d/or health problems (please explain) revious chiropractic care?Yes	No If yes, v		visit?
O Wellness & Prev O Specific pain an Has this child/teen been under previous control of the second control o	ventive care d/or health problems (please explain)	No If yes, v		visit?
O Wellness & Prev O Specific pain an Has this child/teen been under previous there anything else significant.	rentive care d/or health problems (please explain) revious chiropractic care?Yes happening in this child's/ teen's life th	No If yes, v		visit?
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Has this child/ teen ever experien	nced any of the following? Please c	heck off all that apply:				
□ Back Pain	□ Chronic Infections	☐ Behavioral Problems				
□ Headaches	□ Chronic Earaches	□ Hyperactivity				
□ Orthopedic Problems	□ Colds/ Flu	□ Anxiety				
□ Joint Problems	□ Allergies	□ Depression				
□ Arm Problems	□ Asthma	Difficulty in School				
□ Leg Problems	□ Sinus Trouble	□ Inconsistent Sleep				
□ Walking Problems	☐ Multiple Antibiotic Use	□ Fatigue				
□ Neck Problems						
□ Broken Bones	□ Heart Problems	□ Eats 3 meals per day				
□ Arthritis	□ Hypertension	☐ Healthy Diet				
□ "Growing Pains"	□ Diabetes	□ Skips meals				
□ Lyme Disease	□ Hearing Problems	□ Overeats				
□ Concussion	□ Vision Problems	□ Poor appetite				
□ Paralysis						
□ Muscle Spams	□ Diarrhea					
□ Convulsions	□ Constipation	□ Eats too much sugar				
□ Fainting	□ Stomach aches	□ Other:				
□ Dizziness	□ Bed Wetting					
Number of hours of sleep per night:	Quality of sleep:	GoodFair	Poor			
Medication/Antibiotic History:	actions to immunizations?		alat erakhilipitan in siki			
Current Medications:						
Surgeries/ Hospitalizations:			ti gerilgi gar gar nag.			
Falls/Accidents/ Other Injuries:		The state of the s	AND OF			
Current Medical Doctor:	Current Medical Doctor: Other Health Care Providers:					
Does this child/ teen participate in s	sports or physical activity? If so, What	verzacibieguikaniusyst eus	r result of the blidge and as			
	the death of the second destricts		non interestifución a cer			
What does this child/ teen do after s	school?	<u> </u>				
Does this child/ teen volunteer or w	ork?					
What are their hobbies and interests	\$?					
trace widge	5?	ens as derba also alternatives.	Chidio Problem 70%			
How did you learn about this office?	Personal referral Advertise	ementSignHealth Fair/	TalkOther			
If you were referred, please note the	ir name so we may personally thank t	hem				

Our mission is to improve the quality of your child's / teen's life through natural healing, to decrease or eliminate the need for drugs and medications, and to allow your child / teen to better express health and innate healing ability.

Welcome to our office.

Thank you. We look forward to providing your child's / teen's Chiropractic care.

Dr. Jennifer F. Eames Dr. Stacy R. Tam Dr. James M. Gomes