



Pura Vida Chiropractic, PLLC
1015 Donaldson
San Antonio, TX 78213
210.685.1994
www.puravidasanantonio.com
Dan Foss, DC

Please complete this detailed history form and return it to the front desk staff. Should you require any assistance, please let us know, as we would be happy to assist.

Infant / Child Wellness Profile

Date: _____

Name: _____

D.O.B. _____
MM/DD/YYYY

Gender: Male Female

Address: _____

Postal Code: _____ Phone number: _____

Date of last MD visit and reason: _____

Previous Chiropractor and date of last visit: _____

Reason(s) for contacting us: _____

Other health concerns: _____

List other care undergone (including medications): _____

History of Birth: Hospital Home Birthing Center Medical Midwife

Assisted birth? Yes No If yes: Forceps Vacuum Extraction C-Section Induced Labour

Medications given to mother during labour? Yes No If yes, what: _____

Complications at birth? Yes No If yes, explain: _____

Was delivery normal? Yes No Duration of birth: _____

APGAR at birth: _____ After 5 minutes: _____

Growth and Development

Was the infant alert and responsive within twelve hours of delivery Yes No

If no, explain: _____

Do sleeping patterns seem normal to you: Yes No

If no, explain: _____

Since the health of the neurospinal system that chiropractors concern themselves with can be related to many types of stressors, the following information is also very important to us:

Name: _____

Date: _____

Chemical Stressors

Was this baby breast-fed? Yes No If yes, for how long: _____

Formula introduced at age: _____ Type of formula used: _____

Was there introduction of cow's milk? Yes No If yes, at what age? _____

Food / Juice intolerance: Yes No If yes, type: _____

During pregnancy did mother smoke? Yes No During pregnancy did mother drink alcohol? Yes No

Any illness of the mother during pregnancy?: _____

Any drugs taken during pregnancy?: _____

Any exposures to ultrasound: Yes No If so, how many and what was the medical reason?: _____

Any invasive procedures (amniocentesis, CVS): _____

Any pets at home: Yes No

Any smokers in the home: Yes No How much: _____

Any vaccinations: Yes No Which ones? Any reactions? _____

Total # of courses of antibiotics to date? _____

Psychosocial Stressors

Any difficulties with lactation? Yes No Any problems with bonding? Yes No

Any behavioural problems: Yes No Onset: _____

Any night terrors, sleep walking, difficulty sleeping? Yes No If yes, explain: _____

Average number of hours of television/week? _____

Traumatic Stressors

Any traumas during pregnancy? (falls, accidents): _____

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?: _____

Any traumas with bruising, cuts, stitches, fractures?: _____

Any hospitalizations: Yes No Explain: _____

Any surgeries or organs removed?: _____

Sports played and age began: _____

Weight of school backpack: _____ Approximate hours spent at play per week: _____

AUTHORIZATION FOR ASSESSMENT OF A MINOR

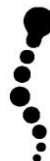
Parent(s) name(s): _____

Home telephone # _____ Work telephone #: _____

I hereby authorize and consent to the chiropractic evaluation of my child

Parent Guardian Signature

Date:



Witness Signature



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Terms of Acceptance for Chiropractic Care

When a person seeks chiropractic care, it is essential for both the individual and the chiropractor to be working towards the same objective. Chiropractic care in this office has **one objective**, it is therefore important that you understand this objective and our means to attain it. In this way there will be NO confusion, misunderstanding or disappointment.

Chiropractic care at Pura Vida Chiropractic consists of the assessment, detection and reduction/correction of vertebral subluxations with chiropractic adjustments.

Adjustment: the specific application of forces to facilitate the body’s correction of vertebral subluxation. Our chiropractic method of correction is specific adjustments of the spine.

Health: a state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: a misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body’s innate ability to express its maximum health potential.

Chiropractic is NOT a substitute for any medical treatment of any kind, in any way, for any reason. Also, NO statement of at Pura Vida Chiropractic is intended as **medical** diagnosis and should not be confused as such. People usually want relief from whatever ailments, symptoms, or conditions are bothering them. This, however, is NOT the goal of chiropractic care. If during the course of care, we encounter non-chiropractic or unusual findings, we will bring them to your attention. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of someone that specializes in that area.

Our expertise is in reducing/correcting vertebral subluxations, allowing your nerve system to work at maximum efficiency. When the body is functioning at a higher level physical, emotional, or mental challenges, conditions, symptoms may clear up quickly for some people. In others, the process is slower and in some, it is partial or not at all. **Yet everyone will benefit from a properly functioning nerve system and greater Life expression.**

I understand that on occasion a locum doctor may provide my care and I consent to this. I also understand chiropractic care is considered very safe with an extremely low risk rate, and is considered one of the safest and most effective forms of care. I understand and am informed that, unlike many other health care professions, the risks associated in receiving chiropractic care are extremely minimal. In healthcare, the matter of whether any procedure is appropriate or not, is determined by the level of risk compared to the expected level of benefit.

I understand the nature and purpose of Chiropractic adjustments and neurospinal assessments, and will the opportunity to discuss with the Doctor of Chiropractic any questions that I may have.

Print Name _____ Signature _____
 Date _____ Witness _____
 Parent or Guardian if person is under 18 years _____