Child's Name:_____ Mother's Name:_____ DOB:_____

Case Number:_____ Father's Name:_____ DOB:_____

Address:_____ City/Town:_____ State:_____ Zip:_____

Home Phone:_____ Mother's Work Phone:_____ Mother's Cell Phone:_____

Email:_____ Father's Work Phone:_____ Father's Cell Phone:_____

Birth Date:_____ _____ _____ Age:_____ Sex:_____ Number of Siblings:_____ Referred by:_____

Birth Weight:_____ Birth Length:_____ Current Weight:_____ Current Length:_____

Third Trimester Presentation: Vertex_____ Breech_____ Transverse_____ Face/Brow_____

Type of Birth: Normal Vaginal_____ Forceps_____ Cesarean_____ Suction Cap or Vacuum_____

Location: Home_____ Birthing Center_____ Hospital_____

Problems During Pregnancy:_____

Problems During Labor/Delivery:_____

Apgar Scores:_____ _____ Was there presence at birth of: Jaundice (Yellow)? _____ Cyanosis (Blue)? _____

Congenital Anomalies/Defects?_____ If Yes, Please Explain?_____

Infant Feeding: Breast_____ Bottle_____ If Bottle, Which Formula? _____

Number of Hours Sleeping per Night:_____ Quality of Sleep: Good_____ Fair_____ Poor _____

Obstetrician/Midwife:_____

Pediatrician/Family MD:_____

Date of Last Visit:_____ _____ _____ Purpose:_____

Immunization History:_____

Number of doses of antibiotics your child has taken: During the past six months_____ During his/her lifetime_____

Previous Chiropractor:_____

Date of Last Visit:_____ _____ _____ Purpose:_____

Has your child ever been treated on an emergency basis?_____ If yes, please explain:_____

Purpose of this Appointment:_____

Insurance/Billing Information:_____ Policy #:_____

AUTHORIZATION FOR CARE OF MINOR

I hereby authorize this office and its doctor(s) to administer care as they so deem necessary to my son/daughter/ward (upon approval of parent or guardian).

SIGNED:_____ WITNESSED:_____ DATE_____ _____ _____

I realize that I am responsible for all fees charged by this office and I agree to pay for all services provided. X-rays remain the property of this office.

SIGNED:_____ DATE_____ _____ _____

Delivery/Birth History:_____

_____

_____

_____

At what age did the child:

Respond to Sound_____ Follow an Object with His/Her Eyes_____ Hold Head Up _____

Sit Alone_____ Crawl_____ Stand_____ Walk Alone_____

At what age, if ever, did this child suffer from the following childhood diseases?

Chickenpox_____ Mumps_____ Measles_____ Rubella_____

Rubeola_____ Whooping Cough_____ Other_____

Has this child ever suffered from:

- ☐ Headaches
- ☐ Dizziness
- ☐ Fainting
- ☐ Seizures/Convulsions
- ☐ Heart Trouble
- ☐ Chronic Earaches
- ☐ Sinus Trouble
- ☐ Asthma
- ☐ Colds/Flu
- ☐ Colic
- ☐ Orthopedic Problems
- ☐ Neck Problems
- ☐ Arm Problems
- ☐ Leg Problems
- ☐ Joint Problems
- ☐ Backaches
- ☐ Poor Posture
- ☐ Scoliosis
- ☐ Walking Trouble
- ☐ Broken Bones
- ☐ Digestive Disorders
- ☐ Poor Appetite
- ☐ Stomach Aches
- ☐ Reflux
- ☐ Constipation
- ☐ Diarrhea
- ☐ Diabetes
- ☐ Hypertension
- ☐ Anemia
- ☐ Bed Wetting
- ☐ Behavioral Problems
- ☐ ADD/ADHD
- ☐ Ruptures/Hernia
- ☐ Muscle Pain
- ☐ Growing Pains
- ☐ Allergies to_____
- ☐ Allergies to_____
- ☐ Allergies to_____
- ☐ Other_____
- ☐ Other_____

Has this child ever suffered the following spinal traumas?

- ☐ Fall in baby walker
- ☐ Fall from crib
- ☐ Fall from highchair
- ☐ Fall from changing table
- ☐ Fall from bed or couch
- ☐ Fall off swing
- ☐ Fall off slide
- ☐ Fall off monkey bars
- ☐ Fall off skateboard or skates
- ☐ Fall off bicycle
- ☐ Fall down stairs
- ☐ Other_____

Has this child ever sustained an injury playing organized sports?_____ If yes, please explain:_____

_____

Has this child ever sustained injuries in an auto accident?_____ If yes, please explain:_____

_____

Present History:_____

_____

_____

_____

Surgery:_____

Medications:_____

Accidents:_____

Family History:_____

Healing Hands
Community Chiropractic

Cancellations via email will not be considered cancellations and you will be charged a $20 missed appointment fee for each person scheduled.

Missed appointments

If you do not arrive for a scheduled chiropractic appointment, and do not contact the office more than 24 hours prior to your scheduled appointment time, you will be charged a $20 missed appointment fee for each person scheduled.

In the unlikely event that a patient misses or cancels three or more consecutive appointments, this could result in dismissal from our practice. Please contact the office and we will supply you with information on obtaining your medical records and refer you to another care provider.

Treatment Hours

Please note: The property management company of this building locks the main doors promptly at 6PM. If you are the last appointment of the evening, please be sure to arrive no later than 5:50PM for your appointment to insure you can get into the building.

Ways We Communicate With Our Patients

In order to better serve you we utilize an **email newsletter** to communicate with all of our patients important information regarding happenings at Healing Hands Community Chiropractic,such as changes in hours of operation, closings for inclement weather as well as events and specials. If you do not see this newsletter in your inbox, please check your spam folder. We also have a **Facebook** page that is updated daily with great information for all our patients and fans. You may become a fan simply by visiting our website, clicking the Facebook icon and “LIKE” our page.

“Gone To the Beach”

The “Gone To the Beach” sign will be on the door to signify that we are either closed or in a private consultation. The door will be locked when we are in a private consultation with a new patient. Please make yourself comfortable on the bench in the hallway until your appointment time.

No Cell Phones

Healing Hands Community Chiropractic is a place of healing. We ask that you turn your cell phones off or on silent **(not vibrate)** and refrain from talking on your phone while in the office.

Signature_____ Date_____

Healing Hands
Community Chiropractic

Policies and Procedures

What does the "*Community*" In Healing Hands Community Chiropractic mean?
Inspired from the social-business model of People's Organization of Community Acupuncture (POCA); Healing Hands Community Chiropractic is a health care model intended to increase access to chiropractic care by offering adjustments in an open setting and fees on an affordable sliding-scale, without income verification. By doing so we offer people the opportunity to receive treatment as often as they need to get the results they deserve.

Payment
Services are offered on a sliding scale from **$20 - $40 per person.** You decide what you can pay, no questions asked. Because treatment prices are offered on a sliding scale, **we do not accept insurance** (health, auto or worker's compensation).
There is a one time, $25 initial Consultation & Examination and Report of Findings fee in addition to your Chiropractic Adjustment Fee due at your first visit.

Payment is required at the time of each visit. We accept cash or check only.
Checks may be made payable to Healing Hands Community Chiropractic. Returned checks will incur a $35 fee. We do not have the ability to make change for cash payments.

Sliding Fee Payment Guide

Below is a guide to help you better determine where you fall on the sliding scale.
***pp= per person**

Annual Individual Income	**Initial Visit**	**Treatment**
Under $25,000	Additional $25	$20/pp
$25,000 - 39,000	Additional $25	$25/pp
$40,000-$54,999	Additional $25	$30/pp
$55,000-$69,999	Additional $25	$35/pp
$70,000+	Additional $25	$40/pp

Late appointments
When you schedule an appointment, that time is reserved for you and, therefore, not available to others who are waiting for services. If you will be more than 5 minutes late for your appointment, we will make every effort to accommodate you. However, you may be asked to reschedule your appointment.

Cancelling appointments
Email confirmations are considered a courtesy. If you need to cancel/reschedule your appointment you may do so more than 24 hours of your scheduled appointment time by calling our office at 603-512-3191.