

Welcome to Active Care Atlanta (Child Form)

Name _____ Birth Date _____ Age _____ Male Female
Guardian's Name _____ Relationship _____
Guardian's Cell # _____ Home # _____
Address _____ City, State & Zip _____
Guardian's Email _____

How did you hear about us? Friend/Family _____ Online Insurance Website
 Attorney _____ Event _____ Sign
 Physician's Referral _____ Other _____

1. Reason for today's visit _____
2. How long has the child had the problem? _____ Ongoing On & Off

3. Indicate the area(s) where the child is having discomfort. >>>>>>>

4. Has the child had the problem before? Yes No
5. What was the specific cause for this problem?

6. Is this related to an auto accident? Yes No
7. Has the child been to other doctors for the condition? No
Doctor's name _____
When _____
Treatment _____

8. What makes it **better** or **worse**?
better _____
worse _____

9. How long was the actual labor and delivery time?

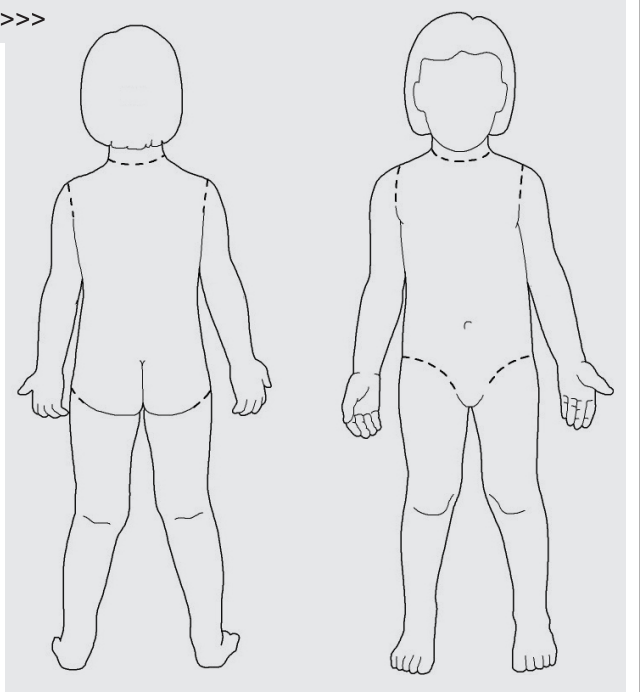
10. Difficult and long birth can cause spinal misalignments.
Was the child born by Natural Birth C section Forceps Suction Cup or Others? _____

11. Has the child had previous chiropractic care before?
 More than 30 times 10 to 30 times Less than 10 times Never

12. Poor posture leads to poor health and often indicate spinal problems. How would you rate the child's posture?
Poor 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Excellent

13. Have you ever been told that the child has a spinal curvature or spinal arthritis? Yes No

14. Does the child play any sports? No Yes What Kind _____



CONSENT TO TREATMENT

I give permission to all providers working for Active Care Atlanta to initiate care and provide treatment to my child. This authorization does not expire and is effective as long as my child is a patient.

Though rare, there are risks of complications associated with all health care procedures and treatments. These complications include but are not limited to: bruising, burns, muscle spasm, fractures, disc injuries and dislocations. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke.

Strokes have been the subject of tremendous disagreement. The occurrence of a stroke is exceedingly rare and is estimated to occur approximately once per 1 million to 5 million neck adjustments.

The Doctor will make every reasonable effort during the exam to screen for contraindications to care; however it's your responsibility to inform the Doctor if your child has a condition that would otherwise not come to the Doctor's attention.

By signing below, I've completely read the content above and I hereby give my consent to the treatment for my child.

Guardian's Name _____ Signature _____ Date _____

NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your **protected health information (PHI)**. Our **Notice of Privacy Practices** details how we may use and disclose your PHI. You have the right to review our complete Notice which is located in the waiting room, front desk and our website.

By signing below you authorize our **use and disclosure of your PHI to third parties** for purposes related to treatment, payment, health care operations and those required by law. You also acknowledge that:

- **Active Care Atlanta** has a Notice of Privacy Practices you have had an opportunity to review.
- **Active Care Atlanta** may modify this Notice as needed at any time. If changes are made, they will be posted at our office.
- Certain situations may require the disclosure of patient PHI without patient authorization.
- Patient PHI may be used to contact patient as needed.
- Patient has the right to restrict the uses of his/her information.

The Patient may revoke this authorization at any time by submitting a written request to **Active Care Atlanta**. The request must include name, SS#, date of birth, address, a clear statement of intent to revoke this authorization and signature. This request is not effective until received and reviewed by **Active Care Atlanta**.

By signing below, I acknowledge Active Care Atlanta's Notice of Privacy Practices.

Guardian's Name _____ Signature _____ Date _____