

PRIOUX CHIROPRACTIC CENTER

Pediatric History

Date: _____

Childs Name: _____ Date of Birth _____

Parents Name _____

Address _____

Home # _____ Cell # _____

Please describe the problem you are here for today. _____

Is your child vaccinated? _____ If yes, are vaccinations up to date? _____

Are there any medications or supplements the child is taking? _____

If yes, please explain. _____

Has there been any medical treatments rendered? _____

What is the child's eating habits? _____

What is the child's sleeping habits? _____

How is your child's digestion? _____

What schools or programs does your child attend? _____

Is your child in extracurricular activities? _____

If yes, please explain. _____



PRIOUX
CHIROPRACTIC
DR. DAVID PRIOUX, JR. | DR. LUCIE LOK

CONSENT TO TREAT MINOR

(Under the age of 18 years old)

Patient's Name _____

Birthdate: _____ Age: _____

Parent/Guardian Name(s): _____

Telephone(s):

Home: _____

Cell(s) _____

Work: _____

Employer: _____

I, [print name], _____, the undersigned, being the parent and/or legal guardian of the above-referenced minor consent to and request that she / he be examined, evaluated and treated at this office within the scope of any duly licensed Doctor of Chiropractic (D.C.). Services rendered may include but are not limited to, applicable x-rays, examinations, evaluations, diagnoses, and treatment as indicated and / or recommended by and under the supervision of any licensed Doctor of Chiropractic or other qualified staff of Prioux Chiropractic Center. This consent shall be valid from this date forward until this applicable medical case is resolved or withdrawn by the undersigned. If I withdraw this consent, I, the undersigned, understand that I am responsible for, and agree to pay any and all outstanding monies due for services rendered hereunder and understand that I must notify Prioux Chiropractic Center IN WRITING of my intent to withdraw consent.

SIGNED [today's date]: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____