

Roblin Family Chiropractic Centre

3525 Roblin Blvd • Unit C • Winnipeg • Manitoba • R3R 0S6 • (204) 885-6640
Dr. Michael G. Plueschow

CHILDREN'S HEALTH HISTORY

Name _____ Date _____
Parent/Guardian (Name) _____ Chart No. _____
Address _____ Home Phone (204) _____
City _____ Province _____ Postal Code _____
MHSC: 6 Digit _____ 9 Digit _____ Birth Date (D/M/Y) _____ Age _____
Who referred you to us? _____
Past Chiropractic Care? [Yes] [No] Last Visit _____
Doctor's Name _____ Location _____
Current Medical Care? [Yes] [No] Why? _____
Current Medication _____
Reason for consulting this office _____

The Human Body is designed to express health and function normally; however, events may occur in life which can interfere with this natural ability.

**This interference is most commonly the result of vertebral subluxations.
Stress that may be physical, chemical or emotional may cause these subluxations.**

This practice of Chiropractic is based on the location and reduction of nerve system interference caused by the vertebral subluxation.

PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES YOUR
CURRENT GOALS FOR HEALTH/WELLBEING.

- I am only concerned about relief of a particular symptom
- I am only concerned about relief of a particular symptom, and preventing its return
- I want premium health and wellbeing on every level available to me

I hereby authorize Dr. Michael Plueschow to provide chiropractic care as may be deemed necessary to my child/ward. Parent/Guardian signature: _____

Personal History

PLEASE CHECK OFF ANY THAT APPLY

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH BIRTH:

During Pregnancy:

Explain: _____

Drugs/Medicine?

Tobacco/Alcohol?

Illness during?

During Labor & Delivery:

Explain: _____

Labor chemically induced?

Labor Doctor assisted?

C-section?

Forceps/Vacuum extraction?

Doctor pull or twist baby?

Premature delivery?

Since Birth:

Explain: _____

Nursed how long?

Baby jaundiced?

Feeding problems?

Sleeping problems?

Colic?

Vaccinations?

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

Any falls or injuries?

Explain: _____

Respiratory problems?

Ear Infections?

Allergy/Asthma?

Bedwetting?

Digestive problems?

Hyperactivity?

Other health related problems?

Hospitalized?

Initial Exam	\$35.00 (Adult) & \$25.00 (Child/Senior)
X-Rays	\$80.00 (\$20.00 per View)
Report of Findings	\$23.00 (Adult) & \$15.00 (Child/Senior)

WE ACCEPT PAYMENT BY CASH, CHECK, DEBIT, AND CREDIT CARD

I understand that all services are to be paid in full at the time of service

Signature _____ Date _____