WELCOME TO THE BUSSELTON OSTEOPATHIC CLINIC

The information completed on this form is strictly confidential.

No release of information will be given without prior permission of the parent/guardian.

CHILD (0-13 YRS) PATIENT INFORMATION

Surname: _____ First name: _____

Address: _____Postcode:_____

Date of Birth: _____ Place of birth: _____Sex: F/M

Parents/Guardians: _____

Siblings: _____ Pets: _____

Tel: Home: _____ Work: _____Mobile: _____

Email address: _____

GP: _____ Tel: _____

How did you hear about this clinic? _____

Is the injury, pain or illness related to a motor vehicle accident? _____

If 'yes' then is it covered by M.V.I.T.? _____

If you have a claim number for this injury, please write it here: _____

I understand there is a fee for missed appointments. Payment is due when the service is performed and can be made by cash, cheque, credit card or EFTPOS.

Signature: _____ Date: _____

Child's presenting symptoms: _____

Child's general Health: _____

Your pregnancy: Maternal age: ___

Amniocentesis: Y N

CVS: Chorionic Villus sampling (Down syndrome, cystic fibrosis) Y N

AFT: Alpha-Fetoprotein (Chromosomal abnormalities/spina bifida) Y N

Head engaged when? ____wks

Did you take any medication during your pregnancy? Y N

Child's birth: Birth weight:_____ Gestation: _____

Spontaneous: Y N	Analgesics:		First Breath:	
Amniotomy: Y N	G & A	Y N	First cry:	
(rupture of foetal membrane)	TENS:	Y N	First suck:	
Induced Y N	Pethidine:	Y N	Episiotomy Y N	
First stage (hrs):	Epidural:	Y N	Forceps: Y N	
	Other:	Y N	Ventouse: Y N	APGAR (Imin):
			Caesarean: Y N	APGAR (5min):

First week post partum: Moulding: Y N

General health, feeding, sleeping etc: _____ Bruising: Y N

Developmental milestones: _____

Child's medical history:

Illnesses:

Accidents:

Operations:

Vaccinations:

Allergies:

Child's current medications/treatment: _____

Family history:

Smoking in the child's environment? Y N

Do you drive a Hybrid Car? Y N

Do you use a Wireless Baby Monitor? Y N

Do you use a mobile phone whilst nursing your baby? Y N

(The last three questions refer to the effects from the electromagnetic field emanating from the car/monitor/mobile phones etc. that are likely to cause some disturbance of the central nervous system of your baby/child.)

Thank you for completing this form.

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