

Boesky Chiropractic, PLC Pediatric Health History

4204 S. Westnedge Ave. Kalamazoo, MI 49008 Ph (269) 342-9090 Fax (269)342-9054

Today's Date ___/___/___ How did you hear about our office? _____

Patient's Name _____ Patient's Date of Birth ___/___/___

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip _____

e-mail address _____

Number of Siblings _____

Previous Chiropractor _____ Date of last adjustment _____

Pregnancy Delivery Details (skip this section if child is 4 years of age or older)

Third Trimester Presentation Vertex ___ Breech ___ Transverse ___ Face/Brow ___

Birth Weight _____ Born at # _____ Weeks Hours in labor _____ Born at home ___ Hospital ___

Delivery type Cesarean ___ Normal/Vaginal ___ Check one: VBAC ___ Vertex ___ Posterior ___

Were Forceps or Vaccum methods used? _____

Other Problems during labor/delivery _____

Nurses ___ Nurses better one side ___ R L Cannot Nurse ___ Bottle Fed ___ Breast Milk ___ Formula ___

Current Health

Current weight _____ Height _____ Congenital anomalies/defects _____

Baby is: Thriving/Healthy ___ Not thriving or lagging behind ___ (explain) _____

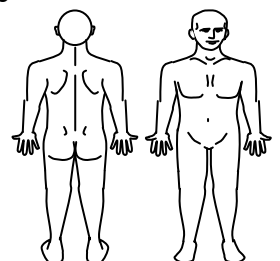
Current Medications _____

Symptoms/Health problems

Previous Accidents/injuries & Dates _____

- | | | | |
|--------------------|-----------------------|----------------------|---------------|
| Colic | Nursing Problems | Neck Tilts/Turns R L | Torticollis |
| Neck Problems | Flat Spot on Head R L | Reflux | Gassiness |
| Digestive Problems | Constipation | Ear Pain/Infections | Allergies |
| Asthma | Sinus Problems | Arm Problems | Leg Problems |
| Poor Posture | Scoliosis | Walking Problems | Growing Pains |
| Bed Wetting | Behavioral | ADD/ADHD | |

Please describe in your own words any other details or problems you are concerned about below:



Fee Schedule:

Spinal Adjustments:

\$32 When purchased as a pre-pay package of 12 adjustments: \$384

Why purchase a pre-paid package?

Prepaid packages do not expire

Prepaid packages can be shared with others in your household

Unused visits are refundable.

\$42 When purchased individually

Exams & X-Rays:

Exams and X-rays on existing patients

\$30 Exam

\$30 for each X-Ray View

Payment terms and third party billing: Payment is due at time of service.

We do not bill to third parties such as insurance or Auto/Work companies.

HIPAA Consent for Purposes of Treatment, Payment & Healthcare Operations

I acknowledge that Boesky Chiropractic, PLC "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review Boesky Chiropractic, PLC Notice of Privacy Practices prior to signing this document. Boesky Chiropractic, PLC' Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Boesky Chiropractic, PLC. The Notice of Privacy Practices for Boesky Chiropractic, PLC is also provided on request at the main administration desk of this practice and on Boesky Chiropractic, PLC" website at www.chiroandy.com. This Notice of Privacy Practices also describes my rights and Boesky Chiropractic, PLC' duties with respect to my protected health information.

Boesky Chiropractic, PLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Boesky Chiropractic, PLC website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

By signing below you understand and agree to our financial and HIPPA policies:

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Relationship to Patient (Self, Parent, Guardian, etc)