

# Nix Chiropractic

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[www.NixChiropractic.com](http://www.NixChiropractic.com)

## Infant, Toddler Consultation

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F

Parent's Name \_\_\_\_\_ Phone# \_\_\_\_\_

E Mail \_\_\_\_\_

Address \_\_\_\_\_

How do you rate your child's (circle):

- |    |                 |      |      |           |
|----|-----------------|------|------|-----------|
| 1) | <u>Diet</u>     | Poor | Good | Excellent |
| 2) | <u>Rest</u>     | Poor | Good | Excellent |
| 3) | <u>Exercise</u> | Poor | Good | Excellent |

On a scale from 1 to 10 (with 10 being the highest) what number best describes your child's personal stress?

\_\_\_\_\_  
\_\_\_\_\_

Your child's last visit to a chiropractor was (circle one):

Never                      3 months ago or more                      Less than 3 months ago

Estimated number of chiropractic visits in lifetime? \_\_\_\_\_

**Reason for seeking chiropractic:**

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**If a specific problem, how did this occur and when?**

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**Has your child broken any bones? Which ones? How and when?**

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**Has your child had any surgeries? Yes/No Please explain:**

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**Has your child had any x-rays, mri's, ct-scans, etc.?**

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**Previous illnesses?**

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**Medications your child takes?**

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**Reason for taking them**

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**What sports or recreational activities does he/she do?**

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# Nix Chiropractic

# Terms of Acceptance

## *Let's Make Sure We're On The Same Page.....*

When an individual or family seeks and is accepted into a program of chiropractic care, it is essential for all parties to be working toward the same objective. We have only one goal, and it is important that everyone understands both our objective and the method we will use to move consistently toward that objective. This will prevent any confusion or disappointment.

People usually want to get rid of whatever ailments, symptoms or conditions are bothering them. This, however, is NOT the goal of Nix Chiropractic.

Your care in our office is not a substitute or alternative for, nor is it a preventative form of medicine. Conversely, medicine is NOT a substitute for chiropractic. Medically based care specializes in the diagnosis and treatment of specific symptoms, illness, and disease. No statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. We do not offer to diagnose or treat any disease or condition other than to determine the presence of vertebral subluxation. However, if during the course of a chiropractic spinal analysis, we encounter non-chiropractic or unusual findings, we will let you know. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. We do not offer advice regarding treatment prescribed by others.

Regardless of what the disease is called, we do not offer to treat it. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to help bring about correction of vertebral subluxations. Our only goal of chiropractic at Nix Chiropractic is to allow the proper transmission of nerve energy over nerve pathways by bringing about the correction of vertebral subluxations so that every part of the body may have a proper nerve supply at all times.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(print name)

## **Please sign the below statement with Lisa or Dr. Nix.**

All questions regarding the chiropractor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

## **Consent to evaluate and adjust a minor child**

I, \_\_\_\_\_ being the parent or legal guardian of  
\_\_\_\_\_ (child's name)

have read and fully understand the terms of acceptance and hereby grant permission for my child or children to receive chiropractic care.

