

**MINOR INFORMATION SHEET**  
(PLEASE COMPLETE ENTIRE FORM, FRONT AND BACK)

DATE: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
MIDDLE INITIAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
SEX: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_

INSURANCE INFORMATION  
PRIMARY INSURANCE  
INSURED PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_  
SS#: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE#: \_\_\_\_\_  
POLICY#: \_\_\_\_\_  
ID#: \_\_\_\_\_

I/WE BEING THE PARENT/GUARDIAN OR CUSTODIANS OF \_\_\_\_\_,  
A MINOR, DO HEREBY AUTHORIZE, REQUEST AND DIRECT DR. JUDITH R.  
EHLICH TO PERFORM IN HIS/HER JUDGEMENT ANY NECESSARY  
EXAMINATION, X-RAY, AND CHIROPRACTIC TREATMENT FOR THE  
CONDITION.

PARENT, GUARDIAN, CUSTODIAN: \_\_\_\_\_  
DATE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**MINORS TREATMENT INFORMATION FORM**

WHO CAN WE CONTACT IN CASE OF EMERGENCY?  
RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
PHONE#: \_\_\_\_\_  
NEAREST FRIEND NOT LIVING WITH YOU \_\_\_\_\_  
PHONE#: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

I, THE PARENT /GUARDIAN, UNDERSTAND AND AGREE THAT, REGARDLESS  
OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE  
BALANCE ON THIS ACCOUNT FOR ANY PROFESSIONAL SERVICES  
RENDERED. I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT  
TO THE BEST OF MY KNOWLEDGE.

OFFICE POLICY-THE INDIVIDUAL WHO BRINGS A MINOR INTO THIS OFFICE  
IS "RESPONSIBLE FOR THE BILL".

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# PEDIATRIC CONSULTATION

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

*The vast majority of our patients have experienced literally dozens of impacts that could cause subluxated vertebra. What I want to do now is discover several of yours.*

What was your child's birth like? \_\_\_\_\_

How long entire labor? \_\_\_\_\_ How long did you actually push? \_\_\_\_\_

Were you induced? Yes No Nerve block? Yes No C-section? Yes No

Was there any pulling on the head? Yes No Forceps or vacuum extraction used? Yes No

*47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5 years old.*

When was (name)'s most recent fall? \_\_\_\_\_

Was any care given? \_\_\_\_\_ Was s/he checked by a chiropractor? \_\_\_\_\_

And the fall before that? \_\_\_\_\_ Any care given? \_\_\_\_\_

What sports or recreational activities does s/he do? \_\_\_\_\_

When was (name)'s most recent stress, strain, or injury while doing these activities? \_\_\_\_\_

Care given? \_\_\_\_\_

Has (name) been involved in a motor vehicle accident as a passenger? Yes No

Briefly describe: \_\_\_\_\_ Chiropractic? \_\_\_\_\_

Any treatment received? \_\_\_\_\_

*These sound important. Thank you for explaining your (son/daughter)'s history of accidents and traumas. This will help the doctor better understand the case. What I want to do now is ask you a few questions regarding (name)'s current health concerns.*

Does s/he have any health concerns? \_\_\_\_\_

If so, how long? \_\_\_\_\_

*Subluxated vertebra can cause irritation to different fibers within nerves that can affect any organ or tissue, causing conditions now or in the future.*

Are there any other conditions s/he is or was experiencing? \_\_\_\_\_

How long? \_\_\_\_\_

Depending on the type and degree of the subluxated vertebra, the nerve pressure can be constant or occasional. How often does (name) have this condition? \_\_\_\_\_

Any medications? \_\_\_\_\_

