

THE NATURAL HEALTH IMPROVEMENT CENTER ST. JOSEPH

Dr. Katie Stull • Wellness, Chiropractic & Nutrition Response Testing
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Child Intake Form

Child's Name: _____ Birthdate: ____/____/____ Sex: _____

Address: _____ City: _____ Zip: _____

Parent's Names: _____

Parent's Phone: _____ Cell #: _____

Siblings and Ages: _____

Who referred you to our office: _____

Pediatrician/Primary Care Physician: _____ City: _____

Cause

The human body is designed to be healthy. The primary system in the body which coordinates health is the nervous system. The healthy function of every cell, every system, every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life which may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex.

This form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well-being.

Vertebral Subluxation Assessment

1. Has your child been checked by a Doctor of Chiropractic? _____ Who: _____

Were x-rays taken: _____ Who is your regular pediatrician: _____

2. Experts around the world agree: the birth process as we know it may cause extensive neurological trauma, damage and even death to the infant.

- Did you have ultrasound during this pregnancy? _____ Frequency: _____
- Place of birth: Home / Birthing Center / Hospital _____

- Provider: Midwife / OB-Gyn _____
- Type of Birth: Vaginal / C-section Was anesthesia used: Yes / No Type: _____
- Was labor induced: Yes / No If Yes, why: _____
- What position did you deliver in: Squatting / On Back
- Birth Trauma: Doctor assisted / Twisting and Pulling ./ Vacuum Extraction / Forceps
- Newborn trauma (medical procedures and tests):

3. Did you breast-feed your child? Yes / No For how long: _____
 Was your decision supported by your health care provider? Yes / No

Breast feeding: Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological and digestive systems.

4. According to the National Safety Council, approximately 50% of infants have fallen onto their heads during their first years of life. Another study reveals a quarter of a million children are injured on playgrounds annually. Can you recall any such jolts, falls or trauma to your child? Yes / No Please describe: _____

Any fractures or dislocations: _____

5. Which sports does your child play? Soccer / Football / Gymnastics / Karate / Hockey / Lacrosse / Basketball / Dance / Wrestling / Baseball _____

6. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting: Yes / No Is it in front of a computer or TV: Yes / No

7. How would you describe your child's diet: _____

Does your child consume artificial sweeteners: Yes / No Fluoridated water: Yes / No

8. Circle any of the following conditions your child has suffered from:

Colic, Irregular Sleeping Patterns, Night Terrors, Seizures, tantrums, Ear Infections, Allergies, Asthma, Headaches, Poor Digestion, Repeated Infections or Colds, Bed Wetting, Learning Disorders, Emotional Disorders, ADD or ADHD, Other _____

9. How often has your child been treated with drugs: _____

Were you informed of their adverse reactions: Yes / No

If it was an antibiotic, was your child cultured for its use: Yes / No

Is your child currently on any medications (please list) _____

Any surgeries: _____

10. The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term, adverse effects from interfering with this process with artificial immunizations are just being uncovered. Were you adequately informed of the risks of vaccinating your child? Did your child experience any behavioral, emotional, or physical changes within 3 months after any shots?
Yes / No Describe: _____

Was it reported by you or your doctor? _____
Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxation.

Current scientific research is showing the direct relationship between the function of the nervous system and immune system function. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

Authorization for Care of a Minor

I hereby authorize Dr. Katie Stull to administer care as deemed necessary to my son/daughter.

Signed _____ Date _____

Witnessed _____ Date _____