



Café of Life Fenton
Life Story
(under 18 years old)

Date: _____

Name _____ Age _____ Sex _____

Date of Birth _____ SS# (if applicable) _____

Address _____

Best Phone Number to Reach You

School grade _____ Number of Siblings _____ Ages _____

Please list any past major illnesses, injuries, and surgeries:

Please answer the following regarding your child's birth:

Delivered in: hospital home birthing center other _____

Instruments used: none forceps vacuum other _____

Complexity of birth: easy moderate difficult

Complications: _____

What brings you to the Café today?

What are your expectations and goals for chiropractic care?

Is your child currently seeking the services of another healthcare provider?

Y N

Reason:

Has your child ever seen a chiropractor before? Y N

If yes, what was his/her experience?

How many hours does your child sleep on an average night? _____

How would you describe the quality of your child's sleep? _____

Is your child currently taking any prescription, over the counter, or recreational drugs? Y N

Please list

How many cups of caffeinated coffee, tea, or soda does your child drink on an average day? _____

How much water does your child drink on an average day? _____

Does your child exercise regularly? Y N
If yes, please explain

Please describe your child's diet:

Is your child on a special diet?
If yes,
describe _____

Please list your child's hobbies

Is there anything else about your child and his/her body that you think we should know?

Parent/Guardian name _____

Parent/Guardian signature _____ Date: _____



Rules for Care

I am the legal parent/guardian of _____.
I grant permission for this child to receive chiropractic care from Dr. Erica Peabody. This care will include a relevant spinal examination and specific chiropractic adjustments when necessary. Chiropractic care plays a key role a wellness lifestyle and with the use of hands, adjustments are delivered to the spine, freeing up subluxation or interference to the messages traveling in the nerve system. I understand that vertebral subluxation is the condition of blocked or abnormal flow of innate wisdom through the nerve system. I further understand that the sole purpose for chiropractic care at the Café of Life Fenton is to release vertebral subluxations and allow the body to work at its full potential. I understand that my child's body is self-healing and will function at a higher level when this interference is removed.

The Café of Life is a family practice and we want everyone in this family to feel at home here. To maintain this environment, we ask that there be no roughhousing, that toys are picked up and put away before leaving, and that each person shows respect for all others present. We understand that there are people who may be bothered or injured by this type of activity.

Signature: _____ Date: _____

Welcome to the Café of Life!
We look forward to healthy, long-lasting
relationship!