

STANTON CHIROPRACTIC, INC.

**LIFELINE CHIROPRACTIC CHILD INFORMATION AND RELEASE**

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*Please check health complaints your child is currently experiencing or experiencing on a recurring basis.*

- Asthma     Headache     Ear infection     Colic     Allergies     Bed wetting

*Please check any childhood disease your child has had:*

- Chicken pox     Measles     Mumps     Rubella     Whooping cough     Ear infection

Please comment on how often any of the above diseases have occurred and when they occurred:

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Pregnancy normal?    Yes     No    Explain: \_\_\_\_\_

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Complications?

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Delivery:    Home     Hospital    Complications: \_\_\_\_\_

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**Medications** during delivery:

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**Vaccinations:** (List those received and age): \_\_\_\_\_

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List any surgeries or congenital conditions: \_\_\_\_\_

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**DOCTOR'S USE ONLY:**

*INSURANCE INFORMATION*

I understand that \_\_\_\_\_ will prepare any necessary forms to assist me in submitting claims to my insurance provider and credit my account when payment is received. However, I clearly understand that all services rendered to me are charged to me and I am responsible for payment unless other arrangements are made.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date