



SOUTHERN ILLINOIS
CHIROPRACTIC CENTER

WELCOME

Dr. Barry DeLassus
4949 Autumn Oaks Drive, Suite A Maryville, IL 62062
(618) 288-7991 www.SpineSmart.com

Pediatric Patient Information

Today's Date: _____

Name: _____ Birthdate: _____ Sex: M F

Child Home Address: _____ City: _____ Zip: _____

Child Home Phone Number: _____ Social Security #: _____

Parent Information

Parent(s): _____

Best Contact Number: Home Cell Work _____

Whose Contact Number Is This? _____

Parent Email Address: _____

Parent's Marital Status: Married Single Divorced Widowed

List names and ages of other children in household: _____

Consent to Treat:

Being the parent or legal guardian of this child, I hereby authorize the providers of Southern Illinois Chiropractic Center to examine and administer care to my child named above as the examining/treating doctor deems necessary.

Have you consulted with a chiropractor before for your child? Yes No

Signed Parent's Name: _____

Printed Parent's Name: _____ Date: _____

Employee Signature: _____ Date: _____

Individuals and families consult Southern Illinois Chiropractic Center with varied health objectives. Please check all that apply for your child.

{ } Relief of Symptoms

{ } Correction of my child's underlying problem

{ } Improve the health of my child and enhance their quality of life

Do you feel your child is the healthiest he/she can be? Yes No

If yes, what does your child do to stay healthy? _____

If no, what would you like to improve upon for your child? _____

What aspects of wellness do you want for your child? (please check all that apply)

<input type="checkbox"/> More Energy <input type="checkbox"/> Better Sleep <input type="checkbox"/> Better Concentration <input type="checkbox"/> Improve Nutrition	<input type="checkbox"/> Greater Resistance to Sickness <input type="checkbox"/> Reduce/Eliminate Medications <input type="checkbox"/> Increase Enjoyment of Life <input type="checkbox"/> Better Balance	<input type="checkbox"/> Improve Sports Performance <input type="checkbox"/> Improve Posture <input type="checkbox"/> Quality Exercise <input type="checkbox"/> Decrease Stress
--	--	--

Please tell us what you MOST want out of your child's experience at our office. What is/are your goal(s) for him/her?

Patient's Health History:

- Yes [] No [] Has your child had any recent falls or traumas?
 If yes, please describe: _____
- Yes [] No [] Has your child ever fallen down stairs or from any height?
- Yes [] No [] Has your child ever been in a motor vehicle accident?
- Yes [] No [] Has your child ever had a bone fracture or joint dislocation?
- Yes [] No [] Has your child ever had colic?
- Yes [] No [] Has your child ever had upper respiratory infections?
- Yes [] No [] Does your child complain of headaches?
- Yes [] No [] Does your child complain of arm or leg pain?
- Yes [] No [] Has your child ever had an ear or sinus infection?
- Yes [] No [] Has your child ever had any other significant illnesses?
 If yes, please explain: _____
- Yes [] No [] Is your child receiving any prescription or over-the-counter medications?
 If yes, please list them: _____
- Yes [] No [] Has your child ever been vaccinated?
- Yes [] No [] Does your child live in a smoke free environment?
- Yes [] No [] Has your child ever had any surgeries?
 If yes, please explain: _____

Please list any other concerns you have regarding your child's health:



Southern Illinois Chiropractic Center Office Policy & Financial Agreement

Print Patient's Name: _____ Date: _____

The care we provide is based on a desire to see you get well and stay well. We do not allow insurance plans to dictate patient care. Regardless of your coverage, we will recommend the chiropractic care needed to maintain your state of wellness. While insurance can help patients receive care in a cost effective manner, certain plans are not always structured to keep you well or prevent any particular condition from returning. We have many flexible and cost-effective plans available to our patients so that they can continue to be well without insurance coverage.

Insurance Information:

Name of person responsible for this account: _____

Relationship to patient: Self Spouse Parent Other: _____

Primary Insurance Company: _____

Group #: _____ ID#: _____

Secondary Insurance? Y N Responsible person for 2nd account: _____

Relationship to patient: Self Spouse Parent Other: _____

Insurance Company: _____

Group #: _____ ID #: _____

I attest that the above information is true and assign all insurance benefits directly to Southern Illinois Chiropractic Center. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Southern Illinois Chiropractic Center to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Parent Signature: _____

Office Policies and Procedures: Please place a checkmark next to each policy so that we know you have read and understand our office policies.

___ Unless other arrangements have been made between you and Southern Illinois Chiropractic Center, **payment is due when services are rendered**. Our office accepts cash, check, all major credit cards, health savings account/flexible spending checks and debit cards.

___ When entering our office on any given visit, please go directly to the front desk and sign in at one of the computers using the last 4 digits of your home phone number and follow the prompts.

___ Your entire care plan will be scheduled for your convenience in order to minimize waiting and to facilitate incorporating these appointments into your daily routine.

___ Our office does not charge for missed appointments, but we do appreciate the courtesy of knowing if you need to reschedule an appointment so we can make that time available to our patients. If you are able to keep an appointment for any reason, we require that you call immediately to reschedule your visit.

___ We attempt to honor all appointments at their scheduled time to the best of our ability. If you are late, you may have to wait for the next available timeslot.

