

**Inglewood Family Health Centre**  
*Natural Choices For Healthy Living*

**CHILDREN'S ENTRANCE FORM**

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELE# \_\_\_\_\_

A.H.C. # \_\_\_\_\_

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DATE OF BIRTH (D/M/Y) \_\_\_\_\_ MALE  FEMALE

MOM'S NAME : \_\_\_\_\_ WORK #: \_\_\_\_\_

EMPLOYER/OCCUPATION \_\_\_\_\_

DAD'S NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

EMPLOYER/OCCUPATION \_\_\_\_\_

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CHIEF COMPLAINT?(Concerns of the child, parent, schoolteacher, etc.) \_\_\_\_\_

ANY CONCERNS WITH CURRENT HEALTH STATUS? \_\_\_\_\_

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ANY CHIROPRACTIC CARE BEFORE? \_\_\_\_\_ WHEN \_\_\_\_\_

WITH WHOM \_\_\_\_\_ RECENT X-RAYS? \_\_\_\_\_

WHAT FACILITY IS HOLDING THEM? \_\_\_\_\_

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WHAT MEDICATIONS/SUPPLEMENTS ARE BEING TAKEN:

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HAVE YOU CONSULED ANYONE ELSE? \_\_\_\_\_

MEDICAL DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DATE OF LAST PHYSICAL/CHECK-UP \_\_\_\_\_

Reason for consulting this clinic:

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Expectations:

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When you brush your teeth do you do it for