Confidential Patient Information

Triangle CRC, PLLC
4817 Hargrove Rd. Suite 105
Raleigh, NC 27616

(919) 792-8682 Phone
(919) 882-1774 Fax
www.TriangleCRC.com

NEWBORN-2 years

Patient's Full Name _____ Date:_____/_____/_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____ E-Mail: _____

☐ Male ☐ Female Date of Birth:_____/____/_____

How did you find us?

☐ Existing Patient
Name:_____
☐ Physician
Name:_____
☐ Friend
Name:_____
☐ Other_____

☐ BIRTHFIT
☐ Google
☐ Social Media

☐ Office Website
☐ MPI Website
☐ Other Website:_____

Social Security # _____ - _____ - _____

Emergency Contact:_____ Relationship:_____ Phone: _____-_____-_____

Family Physician: _____ City: _____ State:_____ Phone_____

Previous Chiropractic Care: ☐ Yes ☐ No If Yes, for what Problem: _____

Chiropractor's Name/Location _____

Authorization of Release

In consideration of your undertaking to care for me, I agree to the following:

1. You are authorized to release **any information** you deem appropriate concerning my physical or emotional condition, health history, or billing and payment history to any insurance company, attorney, or adjuster for the purpose of any claim for reimbursement of charges incurred by me. I understand that you do not bill insurance companies directly, but I authorize the release of my information should I choose to seek reimbursement.
2. I acknowledge that my health-related information may be shared with other providers for my benefit and fully authorize you or another provider to exchange this information as necessary; this includes, but is not limited to: diagnostic imaging, patient records, and/or any pertinent health-related information.

Patient/Guardian Signature:_____ Date:_____/_____/_____

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Dear Parent/Guardian: Please complete this form and questionnaire. If you need assistance, please ask. Your answers will help us determine if chiropractic care can help your child. If we do not sincerely believe this child will respond satisfactorily, we will not accept your case. THANK YOU.

Pregnancy & Birth

Birth Weight _____ Birth Length _____ Age of Mother @ baby's birth _____

Infant's gestational age: □ Full Term □ Preterm If so, # of weeks _____ □ Post-term

Apgar scores (if known) _____

Type of Delivery: □ Vaginal □ C-section If so, please explain in space provided below.

Initial feeding of baby: □ Breast □ Bottle If bottle, was breast feeding attempted? □ Yes □ No

Currently breastfeeding? □ Yes □ No Difficulty latching? □ Yes □ No

Currently eating solids? □ Yes □ No If yes, please circle: fruits vegetables meats grains dairy products nuts/seeds/berries

Name of Midwife or Obstetrician / Place of birth / City / State _____

Name of Pediatrician _____

Immunizations: (Circle one) Current Delayed None

Did mother take any supplements or herbal remedies during pregnancy? □ Yes □ No

If yes, explain _____

_____

Did mother use cigarettes, alcohol, recreational drugs or prescription medications during this pregnancy? □ Yes □ No

If yes, explain _____

_____

_____

Mother's physical activity during pregnancy:

_____

_____

_____

Mother's general nutrition practice during pregnancy/breastfeeding:

_____

_____

_____

Were there any complications with the pregnancy (i.e., diabetes, infections, high blood pressure, □ Yes □ No

preterm labor)? If yes, explain:_____

_____

_____

What was baby's presentation at 38w and at birth?

_____

Were there any problems/complications during labor? □ Yes □ No

If yes, explain:_____

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_____

_____

Were there any problems/complications with mother or baby postpartum? □ Yes □ No

If yes, explain

_____

_____

_____

In the space below please explain in further detail any of the above information, as needed:

_____

_____

_____

Does anyone in the household smoke? □ Yes □ No

ALL QUESTIONS BEYOND THIS POINT ARE FOR STAFF USE ONLY:

CURRENT: WEIGHT: _____ HEIGHT:_____ TEMP:_____ PULSE: _____

AFFECT: _____

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Reflex	Age	Present	Absent	NOTES
Sucking	Up to 3 mo; Path after 6			
Searching	Up to 3 mo; Path after 6			
Rooting	Up to 3Mo			
Babkin	0-4w; Path after 6w			
Stepping	0-4w; Path after 3mo			
Galant	0-4w; Path after 6mo			
Moro	0-6w; Path after 3mo			
Heell	0-4w; Path after 3mo			
Suprapubic	0-4w; Path after 3mo			
Crossed Extension	0-6w; Path after 3mo			
Palmar Grasp	0-3mo; Path after 6mo			
Plantar Grasp	0-8/9mo			
Acoustic Facial	From 10th day; path if neg after 4 mo			
Primitive support of LE	Always Negative from 40 week post-conception			
Palm Root Reflex	Always Negative from 40 week post-conception			
ATNR, STNR	Always Negative from 40 week post-conception			
Rossolimo	Always Negative from 40 week post-conception			
Primitive Upright Rxn of UE	Always Negative from 40 week post-conception			

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Milestone	Age	Present	Absent	NOTES
Fencer	6-8w			
Symm Support on Elbows	3mo			
Lateral Grasp	4mo			
Single Elbow Support	4.5mo			
Symm Support on Palms	6mo			
Turning	6mo			
Oblique Sit	7.5mo			
Crawling	8-10mo			
Reaching Vertical	8-10mo			
Free Sit	8-10mo			
Cruising	10mo			
Gait	14-16mo			
Squat/Bear	14-16mo			