



Patty Long, D.C., F.I.C.P.A
12036 Hwy 231 431 N, #A
Meridianville, AL 35759
256-828-2236

CHILD INFORMATION AND RELEASE FORM

Child's Last Name: _____ Child's First Name, MI _____

Parent/Guardian's Name _____

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:

Pregnancy Normal Yes No Explain: _____

Complications? _____

Delivery: Home Hospital Complications: _____

Medications during delivery: _____

Immunizations: (List those received and age): _____

List any surgeries or congenital conditions: _____

AUTHORIZATION TO TREAT MINOR: I, _____, being the parent or legal guardian of the aforementioned child, have read and fully understand Long Chiropractic's Consent for Care Policies and hereby grant permission for my child to receive chiropractic care.

Signature of Patient or Patient's Authorized Representative _____
Date