136 W Peoria Sree, Pasadena, CA 91103
phone: 626.79.-5166 • fax: 626.795.8154

Volunteer Chiropractor Involvement Form

Chiropractor's Information:

Name: _____ Today's Date:_____/_____/_____
First Middle Last

Specialty: _____ Birthday: (Month/Day): _____/_____

Group Name or other partners at same location: _____

Office Address: _____

City: _____ State: _____ Zip Code:_____

Office Phone: (_____) _____ Office Fax: (_____) _____

E-mail Address_____

When calling your office, to whom shall we speak? _____

Name of office manager? _____

Do you have bilingual capabilities in your office? ☐ yes ☐ no Language(s): _____

Do you accept: ☐ MediCal ☐ Covered California

California License and Liability Insurance:

Is license currently valid?: _____

Any past citations?: _____

Professional Liability Insurance Carrier: _____

Please attach a copy of your liability insurance certificate.

California License Number: _____

May we use your name in Young & Healthy publications? ☐ yes ☐ no

Do you have colleagues who you believe would be interested in learning more about Young & Healthy?
(name & contact info) _____

Continued on reverse side →

Treatment Component:

I am willing to participate in the following treatment programs of Young & Healthy (check all that apply):

☐ I will provide _____ free office visit(s) per week.

☐ I will provide _____ free office visit(s) per month.

☐ I will see _____ child/children through the course of their particular illness.

☐ I will provide complete history & physical exam for diagnostic and referral purposes _____ times per month.

☐ I will provide a "medical home" for a child or family of children with chronic medical needs.

☐ I would be happy to provide care for young adults (ages 18-25) leaving foster care

Critical Need Criteria

Top 3 Symptoms or Complaints you serve best: 1._____ 2. _____ 3. _____

List of Contradictions for Care in your office? (ie: reasons a child with the above symptoms would not be a candidate for care: 1. _____ 2. _____ 3._____

Specific times & days of the week that you are available:

AM ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

PM ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

Education Component:

☐ I am willing to give group lectures or participate in small group discussions with parents in the community to help them better deal with their children's health needs. I would be willing to lead a session on the following topic(s):

_____

Schedule Availability (check/circle all that apply)

☐Monday AM/PM/Eve ☐Tuesday AM/PM/Eve ☐Wednesday AM/PM/Eve ☐Thursday AM/PM/Eve ☐Friday AM/PM/Eve ☐Saturday AM/PM/Eve

As part of my professional response to the need for health care of large numbers of under and uninsured children in the Pasadena community, I am volunteering the services I have checked, above, for children identified by Young & Healthy.

Physician's Signature: _____ Date: _____

For Office Use: Ltr. Sent:_____ VT:_____ Ref. Pg: _____ Lic: _____ Ins: _____
RP: _____ Access: _____ rev. 12/14