

New Patient Intake Form

Name: _____ Date: _____

Address: _____
(Street) (City) (Prov.) (Postal Code)

Birth Date: d_____/m_____/y_____ Age: _____

Marital Status: _____ Spouse/Partner's Name: _____

Occupation: _____ Business Name: _____

Phone Home #: _____ Daytime #: _____ Cell # _____

Email Address _____ Medical #: 6 digit _____ 9 digit _____

3rd Party Health Insurance: Y N Insurance Company Name _____

Is this a: WCB Claims? Y N Autopac Claim? Y N Last Spinal X-Rays: m_____/y_____

How did you hear about the clinic? _____

PLEASE DESCRIBE YOUR HEALTH CONCERNS

1. What are the major problems you are experiencing? _____

2. If this is a reoccurrence, when did you originally notice the problem? _____
 What initially caused it? _____

3. Has it changed recently? ___ Better ___ Worse ___ Same What types of treatment have you tried?

What makes it better? _____ Worse? _____

4. How frequent is the condition? _____ How long does it last? _____

5. Is this affecting your sleep? Yes ___ No ___

6. Is this affecting your ability to perform your job or daily activities? ___ Yes ___ No

If yes, please describe: _____

7. Are there any other symptoms that may be related to these concerns that you have not listed?

Yes ___ No ___ If yes please describe: _____

8. Is the condition due to injury or sickness arising out of employment?

9. Is the condition due to injury or sickness arising out of an auto or other type of accident? _____

10. Please list all doctors you have seen related to your current concern.

1. _____ 2. _____

11. Please list any medications you have taken in the past year.

1. _____ 2. _____

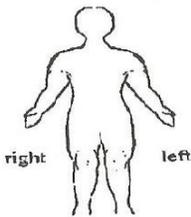
3. _____ 4. _____

Please mark all areas of concern on the diagrams below:

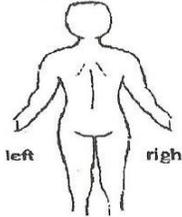
N – numbness P – pins & needles B – burning A – aching S – stabbing.



Right Side



Front



Back



Left Side

CONSENT TO CHIROPRACTIC TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

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Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest, ice, and/or heat without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition and the contents of this Consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

Name (Please Print)

Date: _____ 20____

Signature of patient (or legal guardian)

Date: _____ 20____

Signature of Chiropractor