

# Welcome to Our Clinic

Chiropractic science is concerned with the relationship between structure and function of the human body. The Doctor of Chiropractic is a primary contact Health Care Provider whose purpose is to help meet the needs of the public. As a member of the health care professions, the chiropractor gives particular attention to the relationship of the structural and neurological aspects of the body and is educated in the basic and clinical sciences and related health subjects. Chiropractic science is concerned with the relationship between structure (primarily the spine), and the function (primarily coordinated by the nervous system), of the human body as that relationship may affect the re-storation, preservation and enhancement of health.

*Thomas Edison is credited as saying, "The Doctor of the Future will give no medicine, but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease."*

## Personal History

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex M ☐ F ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Business/Type of  
Employer: \_\_\_\_\_ Work: \_\_\_\_\_

Circle One: Married Single Widowed Divorced Separated

Name of Spouse: \_\_\_\_\_ Ages of  
Children: \_\_\_\_\_

Name of your  
Medical Doctor: \_\_\_\_\_ Last Consulted \_\_\_\_\_

Referred to this office by: \_\_\_\_\_

Who is responsible for payment of services \_\_\_\_\_

**Do you have an extended health care insurance plan?** Yes ☐ No ☐  
(i.e. - Coverage for Dental, Eye Glasses, Chiropractic, Orthotics)

Name of insurer \_\_\_\_\_

BC Care Card # \_\_\_\_\_

**If this is a W.C.B. or I.C.B.C. claim, please inform the chiropractic office assistant.**

## Current Health Conditions

Please describe area of pain: \_\_\_\_\_

When did the pain begin? \_\_\_\_\_

How did the pain start?: \_\_\_\_\_

Describe previous treatment and results?: \_\_\_\_\_

Is the pain changing?: Better ☐ Worse ☐ Same ☐

What limitations do you have as a result of the pain?: \_\_\_\_\_

What helps the pain?: \_\_\_\_\_

What aggravates the pain?: \_\_\_\_\_

Are you having trouble sleeping?: Yes ☐ No ☐

Has this condition occurred before?: Yes ☐ No ☐

Are you uneasy about seeing a chiropractor?: Yes ☐ No ☐

Do you wear shoe lift / arch support?: Yes ☐ No ☐

Do you suffer from any condition other than  
that which you are now consulting us?: \_\_\_\_\_

Drugs you now take: Nerve Tranquilizers ☐ Pain Killers ☐ Muscle Relaxants ☐

Anti-inflammatories ☐ Blood Pressure Pills ☐ Insulin ☐ Heart Pills ☐

Blood Thinners ☐ Hormones / Birth Control Pills ☐

Other \_\_\_\_\_

## Past Health History

Please check or describe:

Major Surgery / Operations: Appendectomy ☐ Tonsillectomy ☐ Gall Bladder ☐

Hernia ☐ Back Surgery ☐ Hysterectomy ☐ Heart ☐ Bowel ☐

Other ☐ \_\_\_\_\_

Broken Bones - Describe: \_\_\_\_\_

Major accident of falls (childhood to present): \_\_\_\_\_

Were you ever knocked unconscious?: Yes ☐ No ☐

Hospitalization (Other than above): \_\_\_\_\_

Have X-rays been taken of your current complaint?: Yes ☐ No ☐ When \_\_\_\_\_ Where \_\_\_\_\_

Previous Chiropractic care: Yes ☐ No ☐ Doctor's name & approximate date of last visit: \_\_\_\_\_

Relevant family history: \_\_\_\_\_

Below is a list of diseases which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of chiropractic care.

Check the following diseases you have had:

- ☐ Whooping Cough
- ☐ Measles
- ☐ Mumps
- ☐ Chicken pox
- ☐ Pneumonia
- ☐ Tuberculosis

- ☐ Asthma
- ☐ Emphysema
- ☐ Bronchitis
- ☐ Rheumatic Fever
- ☐ Diabetes
- ☐ Anemia

- ☐ Heart Disease
- ☐ Thyroid
- ☐ Polio
- ☐ Aids
- ☐ Cancer
- ☐ Arthritis

- ☐ Epilepsy
- ☐ Mental Disorder
- ☐ Stroke
- ☐ Skin Disease



Check any of the following you have had in the past 6 months.

### Musculo - Skeletal

- ☐ Low Back Pain
- ☐ Pain Between Shoulders
- ☐ Neck pain
- ☐ Pain down Arms
- ☐ Shoulder ☐ Elbow ☐ Hand/Wrist
- ☐ Pain Down Legs
- ☐ Hip/Buttock ☐ Knee ☐ Ankle/Foot
- ☐ Groin Pain
- ☐ Headache
- ☐ Joint Pain/Stiffness
- ☐ Walking Problems
- ☐ General Stiffness
- ☐ Difficult Chewing
- ☐ Clicking/Painful Jaw
- ☐ Leg or Foot Cramps

### General

- ☐ Allergies/Hay Fever
- ☐ Fever
- ☐ Weight Loss/Gain

### Genito - Urinary

- ☐ Bladder Trouble
- ☐ Painful/Excessive Urination
- ☐ Discolored Urine

### Nervous System

- ☐ Nervous
- ☐ Numbness - Where ? \_\_\_\_\_
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions
- ☐ Cold/Tingling - Where? \_\_\_\_\_
- ☐ Stress
- ☐ Fatigue
- ☐ Loss of Sleep

### Gastro - Intestinal

- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Frequent Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation

- ☐ Hemorrhoids
- ☐ Liver Problems
- ☐ Gall Bladder Problems
- ☐ Abdominal Cramps
- ☐ Gas/Bloating after Meals
- ☐ Heartburn
- ☐ Black/Bloody Stool
- ☐ Bowel Disorder

### Cardio-Vascular-Respiratory

- ☐ Chest Pain
- ☐ Short Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heart Beat
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins
- ☐ Blood Clots
- ☐ Ankle Swelling

### Ear - Eye - Nose - Throat

- ☐ Eye Glasses/Contacts
- ☐ Vision Problems
- ☐ Dental Problems
- ☐ Sore Throat
- ☐ Nose Bleeds
- ☐ Frequent Colds
- ☐ Ear Aches/Infections
- ☐ Ear Noises
- ☐ Eye Aches/Infections
- ☐ Hearing Difficulty/Hearing Aid
- ☐ Stuffed Nose/Sinus
- ☐ Difficulty Swallowing

### Male

- ☐ Prostate/Sexual Dysfunction
- ☐ Venereal Disease
- ☐ Lack of Sex Drive
- ☐ Do you wear a wallet Driving/At Home

### Female

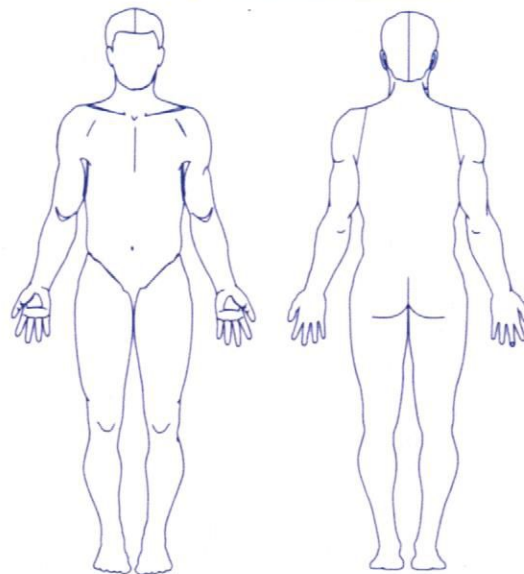
- ☐ Menstrual Irregularity
- ☐ Menstrual Cramping/Back Ache
- ☐ Vaginal Pain/Infections
- ☐ Breast pain/Lumps
- ☐ Venereal Disease

- ☐ Conception Problem
- ☐ Miscarriages/Abortion
- ☐ Premenstrual Syndrome (PMS)
- ☐ Menopausal Symptoms
- Are you pregnant Yes ☐ No ☐ Unknown ☐
- ☐ When was the first day of your last Menstrual period \_\_\_\_\_

### Lifestyle

Do You Frequently Use:

- ☐ Coffee
- ☐ Tea
- ☐ Alcohol
- ☐ Cigarettes
- ☐ White Sugar
- ☐ Salt
- ☐ Exercise
- ☐ Non-prescription Medications
- ☐ Sleep on Stomach
- Exercise: Type \_\_\_\_\_



Please outline on the diagram the area of your discomfort and how you would describe it:

- ☐ Pain ☐ Stiffness ☐ Tingling
- ☐ Numbness ☐ Cold ☐ Burning
- ☐ Other \_\_\_\_\_

**The purpose of our chiropractic office is to support each individual in achieving their optimum health**

The first thing most new patients want is to feel better. So, in the beginning, visits are usually more frequent. Your chiropractic adjustments may be combined with other procedures to help relieve your symptoms. Depending upon your age, condition, and lifestyle, repeated visits over weeks of months may be needed to reduce your symptoms, with your ache or pain reduced, the goal of Rehabilitative care is for more complete healing to occur. Underlying muscle and soft tissue damage can remain, even after you feel better. At this stage, frequency is often reduced.



You may be urged to supplement your care with exercises, dietary changes, or other self-care procedures. Without complete healing, discontinuing care now can set the stage for a relapse. After the recovery of your original problem, regular chiropractic "checkups" can help preserve your progress. Periodic Visits can help catch little problems before they become major concerns. wellness-minded adults and their children choose this type of care to look and feel their best. Like other preventative measures, a chiropractic lifestyle can save time and money by helping you stay well.



# CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

## Informed Consent to Chiropractic Treatment

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke. Recent studies suggest that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustments, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment;
- d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

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 treatments 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.

**Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Patient Signature (Legal Guardian)**

**Witness of Signature**

**Name \_\_\_\_\_**  
(please print)

**Name \_\_\_\_\_**  
(please print)