

PERSONAL HISTORY



Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Number preferred:  Home  Business  Cell

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

(for appointment reminders)

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE INITIAL IF YOU CONSENT TO COMMUNICATION BETWEEN YOUR CHIROPRACTOR AND MEDICAL DOCTOR: \_\_\_\_\_

CURRENT HEALTH HISTORY

Reason for today's visit:  Chronic Pain  Wellness Visit  Emergency  New Injury  Old Injury

Is the visit due to a Motor Vehicle Accident?  Yes  No

Is this a WSIB case and has it been reported to your employer?  Yes  No

When did your condition/accident occur? \_\_\_\_\_

Please explain what happened? \_\_\_\_\_

Rate your pain (None) 1 2 3 4 5 6 7 8 9 10 (Worst)

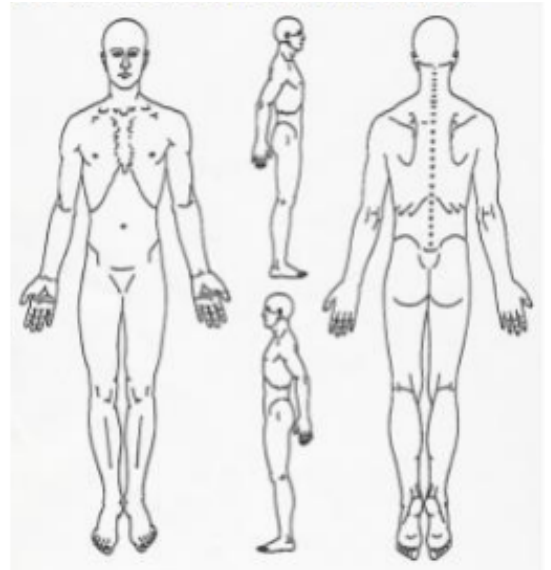
Does the pain travel/move? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What makes it better? \_\_\_\_\_

Have you had this injury before?  No  Yes  
If yes, when? \_\_\_\_\_

Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain. (Include all affected areas)



A = Ache B = Burning R = Radiating Pain  
D = Dull Pain N = Numbness S = Stabbing  
P = Pins & Needles O = Other

Have you had previous treatment?  No  Yes If yes, who? \_\_\_\_\_

Is your condition getting worse?  No  Yes  Constant  Comes & goes

Do you wear orthotics?  No  Yes If yes, how long have you had them? \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

<b>Y N</b> Heart Attack/Stroke	<b>Y N</b> Heart Surgery/ Pacemaker	<b>Y N</b> Heart Murmur	<b>Y N</b> Congenital Heart disease	<b>Y N</b> Mitral Valve Prolapse
<b>Y N</b> Artificial Valves	<b>Y N</b> Alcohol/Drug abuse	<b>Y N</b> Venereal Diseases	<b>Y N</b> Hepatitis	<b>Y N</b> Anemia/ Diabetes
<b>Y N</b> Shingles	<b>Y N</b> Cancer	<b>Y N</b> Frequent Neck pain	<b>Y N</b> Glaucoma	<b>Y N</b> Kidney Problems
<b>Y N</b> High/Low Blood Pressure	<b>Y N</b> Psychiatric Patterns	<b>Y N</b> Rheumatic Fever	<b>Y N</b> Headaches <b>Y N</b> Severe/ Frequent	<b>Y N</b> Tuberculosis
<b>Y N</b> Ulcers/Colitis	<b>Y N</b> Fainting/Seizures/ Epilepsy	<b>Y N</b> Sinus Problems	<b>Y N</b> Emphysema/ Asthma	<b>Y N</b> Arthritis
<b>Y N</b> Difficulty Breathing	<b>Y N</b> Birth Control Pill	<b>Y N</b> Lower back problems	<b>Y N</b> Artificial bones/ joints/implants	<b>Y N</b> Allergies
<b>Y N</b> Osteoporosis	<b>Y N</b> Are you Pregnant?  How many weeks?____	<b>Y N</b> Anticoagulants	<b>Y N</b> Haemophiliac	<b>Y N</b> Smoking

Please list any surgeries with dates and/or any other serious medical condition(s) not listed above:

\_\_\_\_\_

List any past serious accidents with dates:

\_\_\_\_\_

**We invite you to discuss with us any questions regarding our services. The best services are based on a friendly, mutual understanding between provider and patient.**

Do you have extended health coverage?  No  Yes Provider: \_\_\_\_\_

How did you hear about us?

Yellow pages  Internet  Website  Referred by: \_\_\_\_\_

Other \_\_\_\_\_

## INFORMED 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. Treatments by your chiropractor can relieve pain, including headaches, 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, radiation 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.

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 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 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.

## INFORMED CONSENT FOR ACUPUNCTURE CARE

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

Acupuncture involves the insertion of small sterilized needles into specific locations on the skin surface. Other procedures related to acupuncture include moxibustion, cupping and electroacupuncture.

### Benefits

Acupuncture and procedures related to acupuncture have been demonstrated to be a safe and effective form of treatment for a range of conditions including musculoskeletal complaints and pain.

### Risks

The risks associated with acupuncture include minor bleeding and bruising, temporary pain and soreness, nausea, fainting, burns, infection, shock, convulsions, pneumothorax, perforation of internal organs, and stuck or bent needles.

### Please inform the chiropractor if you:

- Have or develop any major health issues
- Are pregnant or actively trying to be
- Have been fitted for a pacemaker or other electrical implants
- Have a bleeding disorder or take anticoagulants
- Have damaged heart valves or have a high risk of infection
- Suffer from metal allergies
- Are Immune compromised
- Have had prosthetic implants

Only sterile single use disposable needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

The use of certain acupuncture points and treatment techniques may not be recommended during pregnancy. Advise your chiropractor if you are pregnant or actively trying to be.

Alternatives to acupuncture treatment may include rest, exercise, other modalities or consulting other health professionals.

### 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 hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and treatment plan. I understand that the nature of the treatment to be provided to me. I have considered the benefits and risks of the treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment. I hereby consent to chiropractic treatment as proposed to me.

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Name (please print)

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Signature of patient or legal guardian

Date: \_\_\_\_\_ 20 \_\_\_\_\_

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Signature of Chiropractor

Date: \_\_\_\_\_ 20 \_\_\_\_\_