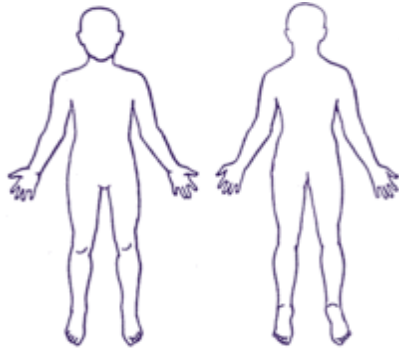


# PATIENT HISTORY

<b>Patient Name:</b>		<b>Date:</b>	
Home Address	Phone: H:		
Street:	W:		
City:	Province:	Cell:	
Postal Code:			
Which method of contact do you prefer us to contact you at? (please circle)    HOME    WORK    CELL    EMAIL			
May we leave you a voice message? (Please circle)    YES    NO			
<b>Email Address:</b>			
Occupation: & Business Address:			
Birth Date: _____	Age: ___	Sex: M_F__	Emergency Contact
Day/Month/Year	Name:		
			Phone No.:
Referred by:			
Medical Doctor:	Address:		
Date of Last Examination (approx.):	Phone No.:		
* Is the reason for this visit related to injuries sustained in a Motor Vehicle or Personal Injury Accident?    Y___ N___			
* Workers Compensation: Y___ N___	<i>If YES:</i>	Social Insurance No.:	
		Date of Accident:	

**\* For all Insurance/Accident cases, additional forms are required. Please inform receptionist.**

## HEALTH INFORMATION

What is your major complaint? How long have you had it? Other complaints:	 <p style="text-align: center;"><b>Draw your injury/pain</b></p>
Have you seen other specialists for your present condition? Who? When?	
Do you smoke?	
What medication are you taking? (including birth control pills)	
Have you ever had a serious illness? If so, what kind? Do you have a family history of serious illness?	
Have you ever been injured as a result of a motor vehicle accident? When?	
Have you ever had surgery? If yes, when and for what condition?	

**Complete other side please**

## Symptoms past and present

Please **CIRCLE** any conditions or symptoms **PRESENTLY** causing you problems.

Please **CHECK** those conditions or symptoms, which have been a problem to you in the **PAST**.

### General symptoms

Loss of consciousness  
Depression  
Headaches  
Fever  
Sweats  
Convulsions  
Loss of sleep  
Numbness, pain, or tingling  
Loss of weight  
Fainting  
Tremors  
Allergy  
Chills  
Convulsions  
Dizziness  
Vomiting

### Muscles and joints

Stiff neck  
Neck pain  
Arthritis  
Shoulder pain  
Wrist pain  
Hand pain  
Hip pain  
Knee pain  
Foot pain  
Low back pain  
Back ache  
Bursitis  
Swollen joints

### Skin

Rashes, itching  
Bruise easily  
Hives or allergy

### Eye, ear, nose, and throat

Blurred vision  
Asthma  
Deafness  
Ear aches  
Ringing/buzzing/noise in ears  
Enlarged glands  
Enlarged thyroid

### Respiratory

Difficult breathing  
Chronic cough  
Spitting up phlegm  
Spitting up blood  
Chest pain

### Genitourinary (for women)

Excessive menstrual flow  
Painful menstruation  
Irregular menstrual cycle  
Menstrual cramps or backache

### Cardiovascular

Heart/blood diseases  
High blood pressure  
Bleeding disorder  
Pain over the heart  
Stroke  
Swelling of the ankles  
Poor circulation

### Gastrointestinal

Poor appetite  
Nausea  
Constipation  
Diarrhea  
Colitis  
Irritable Bowel  
Gallbladder trouble

### Other:

Have you ever had any fractures? (If yes, describe)	Y	N
Have you ever been hospitalized? (If yes, describe)	Y	N
Do you suffer from any allergies? (If yes, describe)	Y	N

## 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 condition, chiropractic treatment, like many 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 functions 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 patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

### **Alternative**

Alternatives to chiropractic treatment many include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatments.

### **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.

### **DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

**I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand 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 as proposed to me.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Patient (or Legal Guardian)

\_\_\_\_\_  
Signature of Chiropractor

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

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