

Chiropractic Consultation Admittance Form

Last Name:			First Name:			Middle Initial:		
Gender: M / F			Other: (please specify your preference)					
Address:						Postal Code:		
Phone (Home) ()			Phone (Work) ()			Phone (Cell) ()		
Date of Birth: (D/M/Y)			Age:			Alberta Health Care # (Or Other Provincial #)		
Emergency Contact Name:			Do you have Alberta Blue Cross? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Contact Phone:			Is your spouse 65 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please let us know so we can direct bill your plan.</i>					
Occupation:			Third Party Insurance #:					
Email Address:			Family Doctor's Name:					
How did you hear about this clinic?								

Please check all answers and fill in the blanks where appropriate.

Have you been to a chiropractor before? Yes No For what condition? _____
 Chiropractor's name? Dr. _____ How long since your last visit? _____

Is this a work related injury (WCB)? Yes No Has your employer been notified? Yes No
 Is this a Motor Vehicle Accident (MVA)? Yes No Date of accident: _____
 If a Motor Vehicle Accident, have you contacted your insurance company? Yes No
 If an MVA, have you had an assessment/treatment with another health care practitioner Yes No

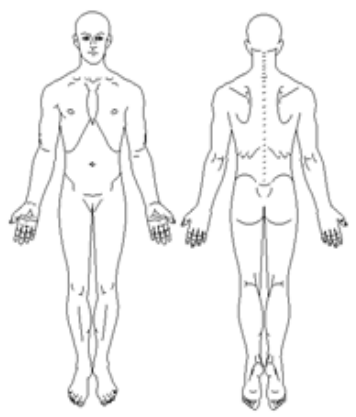
Reason(s) for today's appointment: _____
 When did your condition begin? _____
 What is the cause of your problem? _____
 What are your treatment goals? _____
 What makes the pain better? _____
 What makes the pain worse? _____

Indicate the intensity of your pain: (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Pain Ever)

PLEASE TURN PAGE OVER

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Please circle the location of your pain and describe:



Have you had treatment for this current condition? Yes No, If Yes, what: _____

Have you ever had similar problems? Yes No, If Yes, when: _____

Have you had X-rays, MRI, or other tests for this condition? Yes No Which tests, when? _____

Can you perform daily home activities? Yes Yes, but only with help Not at all

Can you perform your daily work activities? All activities Only some activities Not at all

Describe your stress level None Mild Moderate High

Do you exercise? Daily Occasionally Not at all

What kinds of exercise do you do? _____

List all previous surgeries, illnesses, injuries (including MVA): _____

List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: _____

Family health history for mom, dad, siblings, children (many health problems are a result of hereditary spinal weakness and have a tendency to occur in families): _____

Date: _____ **Patient signature:** _____

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.

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 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.

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 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)

Date: _____ 20____

Signature of Chiropractor

Date: _____ 20____