georgian family
CHIROPRACTIC

801 River Rd. W.
Wasaga Beach, ON. L9Z 2N7
Phone – (705) 422-1221
Fax – (705) 422-1228

# CONFIDENTIAL PATIENT INFORMATION

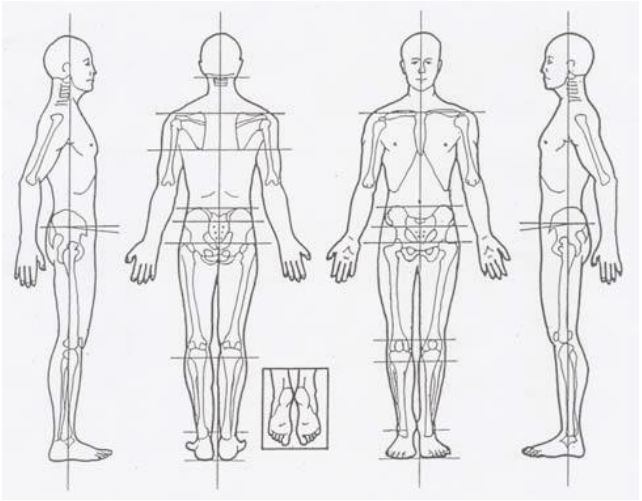
**Name:** _____ **Date:** _____
**Address:** _____ _____ _____ _____
*Street* *City* *Province* *Postal Code*
**Home Phone:** _____ **Cell Phone:** _____
**Email:** _____ **Date of Birth:** _____
**Age:** _____ **Gender:** _____ **Marital status: M S W D** **Number of children:** _____
**Occupation:** _____
**Spouse/Guardian:** _____ **Phone Number:** _____
**Family Doctor:** _____ **Phone Number:** _____
**Address:** _____

**How did you hear about us?** _____

**Have you seen a chiropractor before?** _____

| Please list your health concerns in order of severity | Rate the severity *1= mild 10=intolerable* | When did this episode begin | Have you had this condition before? | Did this begin with an injury | % of the time pain is present |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Please place an X where you are experiencing pain or discomfort



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Have you had any previous surgeries?

_____

Have you had any injuries that are work or auto related?

_____

Current medications and supplements:

_____

_____

## ***Past health history*** *Please X current conditions and circle previous conditions*

| | | | | | |
|---|---|---|---|---|---|
| Diabetes | Diarrhea | Eczema | Emphysema | Epilepsy | Gall Bladder Problems |
| Gout | Headaches | Heart Attack | Heart Disease | High Blood pressure | HIV ( AIDS) |
| Irregular period | Low blood sugar | Malaria | Measles | Menstrual Cramps | Migraines |
| Miscarriage | Multiple Sclerosis | Mumps | Neck Pain | Nervousness | Neuritis |
| Pleurisy | Pneumonia | Polio | Rheumatic Fever | Ringing in ears | Sinus Problems |
| Stroke | Thyroid Problems | Tuberculosis | Ulcers | Venereal Disease | Whopping Cough |

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# INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

We use a multitude of techniques and tailor the care of our patients and practice members to their individual needs and limitations. We take great care to maximize results while minimizing risks. However, as in all forms of care and treatment, some risk is inevitable and unavoidable. In chiropractic care in general, some of the associated risks are listed below:

- As we seek to make changes in the way your body works, sometimes patients may experience a short term aggravation of their symptoms, muscle strains, or ligament sprains. If you have symptoms, they may get worse before they get better.
- While it has never occurred in our office, rib fractures have been reported as a result of manual adjustment of the midback. For patients with increased risk (osteoporosis, etc), we will alter the way in which we adjust these areas in order to minimize that risk.
- There are reported cases of cerebrovascular incidents or stroke that have been associated with many common neck movements, including painting a ceiling, backing up a car, having your hair washed at a salon, and manipulation of the cervical spine. The most up to date research does not show a causal relationship between chiropractic adjustment and stroke. We are, however, required to inform you of these reports. Strokes have potentially serious neurological impairments, and possible paralysis, no matter the cause. The possibility of such injury to happen after a visit to a chiropractic office has been shown to be the same as a visit to a medical office, and is extremely remote. No reputable study has shown that a stroke was caused by a chiropractic adjustment. We screen each patient for risk factors of stroke and modify our treatments to reduce risk of any sort.
- Rarely, there are reported cases associating an injury to the intervertebral disc following cervical and lumbar adjustments, although these cases also have not been supported by the demonstration of causal relationship. We take care to screen each patient to determine which adjustment techniques would best suit them to achieve maximum benefit with minimized risk.

Chiropractic treatment and chiropractic adjustments have been the subject of many government reports and interdisciplinary studies conducted over the last 115 years, and have been demonstrated to be safe and effective. Chiropractic care contributes to your overall well being, and the risks of injuries or complications from chiropractic treatments is substantially lower than many other forms of treatment.
I acknowledge that I have had the opportunity to discuss with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic treatments offered or recommended to me by my chiropractor, including spinal adjustments. I intend this consent to apply to all my present and future chiropractic care. I reserve the right to withdraw my consent at any time with verbal or written notice of such a decision.

**Patient Signature:** _____ **Signature of Witness:**_____

**Print Patient Name:**_____ **Print Witness Name:** _____

**Date:**_____ **Date:** _____