In Good Hands
CHIROPRACTIC

Chiropractic

Name _____ Phone: (H) _____
Address _____ Postcode_____ (W)_____
Suburb_____ Occupation_____ (M) _____
Date of Birth _____ e-mail _____
Marital status _____ Name of Private Health Fund _____
Number of children_____
Name of G.P _____ How did you find out about us? _____
Have you ever visited a Chiropractor before? Y/N_____
Do you participate in any physical activities? _____
What is your major complaint? _____
_____
How long have you had this condition? _____
How did this happen? _____
Describe the nature of the pain (eg. Deep, dull, sharp, numb, pins and needles, etc) _____
_____
Has this condition become better or worse? _____
What aggravates the pain? _____
What makes it better? _____
Have you had any treatment for this condition, including medication? _____
In what position do you sleep in? (Please Circle) Stomach Side Back

- Is this consultation part of a work compensation or third party claim?_____

Have you ever had any of the following? If yes, please give details.

- Major illnesses _____
- Accidents _____
- Fractures/dislocations _____
- Surgery/hospitalisations _____

Do you take any of the following?

- Medication/drugs _____
- Allergies_____
- Alcohol/tobacco_____

When was your last spinal x-rays, MRI,CT ? _____
Or other medical investigations Eg. Blood Tests?_____
Please **TICK** any condition you currently have or place a **CROSS** if you have had a condition in the past:

- Headaches
- Neck pain
- Upper back pain
- Mid back pain
- Low back pain
- Shoulder pain
- Elbow or wrist pain
- Hip, knee or ankle pain
- Arthritis
- Dizziness
- Poor sleep
- Tiredness
- Depression
- Constipation
- Diarrhoea
- Poor digestion
- Liver problems
- Nausea
- Vomiting
- Poor appetite
- Painful menstruation
- Osteoporosis
- Heart disease
- High blood pressure
- Low blood pressure
- Poor circulation
- Bruising easily
- Cancer
- Diabetes
- Stroke
- Implant devices
- Asthma
- Sinusitis
- Ringing in the ears
- Difficulty swallowing
- Painful urination
- Kidney infection
- Prostate trouble
- Chest pain
- Chronic cough
- Difficulty breathing

Are you pregnant? Y/N If yes, how advanced _____ Are you breast feeding? Y/N_____
Do you suffer from any other condition or is there anything else you would like the Chiropractor to know?
_____

Please turn over

Patient Information

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to stroke or stroke like symptoms (approx 1 in 5.85 million neck manipulations) [Haldeman, et al. Spine vol 24-8 1999]. Whilst this has never occurred in this practice, we are still required to warn. If any adjustments (manipulations) are required you will be tested beforehand, as has always been our practice.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). [Dvorak study in Principles and Practice of Chiropractic, Haldeman. 2nd Ed.]

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

If you have any questions related to the treatment you are about to receive, please speak to the chiropractor.

I have read and understand the above information and give my consent to treatment.

Patient's signature: _____ Print name here: _____

Chiropractor's signature: _____ Date: _____

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Reschedule Policy

Your reserved consultation time has been specifically allocated to you. To achieve the maximum improvement in the shortest possible time frame, it is vital that you maintain your advised schedule of care.

If you are unable to make your appointment, a minimum of 6 hours notice is expected. This enables us to make the appointment time available to someone else who really needs to come in for care.

A courteous phone call to re-schedule your appointment is appreciated; otherwise a fee of $75 will be incurred.
SMS and email reminders are available to inform you of your appointment times.
We thank you for your understanding and co-operation.