

# Adult and Youth Intake Form

## Personal Details

Date: \_\_/\_\_/\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Hm: \_\_\_\_\_ Wk: \_\_\_\_\_

Email: \_\_\_\_\_ Sports/Hobbies/Activities: \_\_\_\_\_

**I found you from:**  Google  Website  Expo  Sign  Voucher  Patient: \_\_\_\_\_  
 Location  Other: \_\_\_\_\_

### I am especially interested in these health topics:

- Headaches and Neck Pain     Backaches and Sciatica     Diet and Nutrition     Stress Management  
 Exercise and Fitness     Wellness Topics     Children's Health Issues     Women's Health Issues

## Previous Traumas

- Car accident    Age: \_\_     Head trauma    Age: \_\_  
 Motorbike/bicycle accident    Age: \_\_     Sporting injury    Age: \_\_  
 Work accident    Age: \_\_     Fall    Age: \_\_

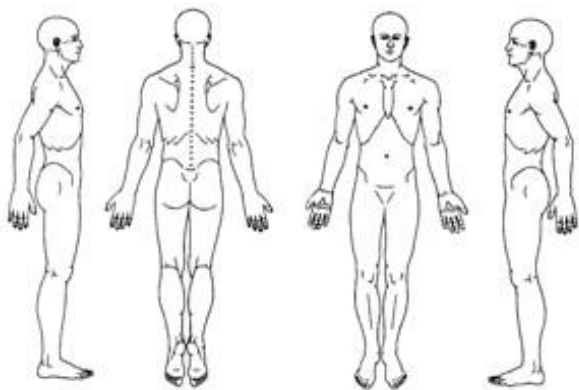
Details: \_\_\_\_\_

## Medical History

Female: Are you pregnant now?     Yes     No     Maybe

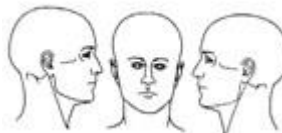
Surgery Performed	Age	Details
Diagnosed Disease	Age	Notes
Medications	Amount(mg) & Frequency per day	Notes

## Current Symptoms



Use the body map on the left and below to indicate any problem areas. Use the following to identify:

- O = Pain
- X = Pins and needles/numbness
- # = Abnormal sensation (burning/swelling, etc)



Please tick (✓) the current symptoms and rate out of 10 the average severity of the following. (0 = No problem, 1 = Slight, 10 = Unbearable all the time). If you had experienced the similar symptoms previously please indicate.

Symptoms	Current ✓	Previous ✓	0-10	Age of onset	Notes
Back pain (G)					
Neck pain					
Headache					
Joint pain					
Pins and Needles					
Period pain					
Pain elsewhere					
Asthma					
Sinus					
Indigestion					
Nausea					
Bloating					
Burning					
Reflux					
Sleep					
Palpitations					
Retained Fluid					
Urination Problems					
Colic					
Constipation					
IBS					
Allergies					
Anxiety/Insecurity					
Depression (A, AM)					
Brain Fog					
Fatigue					
Irritability (OS)					
Moodiness					

Other: \_\_\_\_\_  
 \_\_\_\_\_

## **Desired Outcomes**

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What I would like from my care is... (choose as many as applicable)

- To be able to get by despite my problems
- To be symptom free
- To get some relief from: \_\_\_\_\_
- To have ongoing optimal health and performance

## **Medical Doctor**

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Who is your medical doctor?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

In order to collaborate for your best outcome, we may send a report to your doctor to advise of our findings and your progress. Do you authorise us to release any medical information required to your doctor?

- Yes  No

## **Informed Consent to Chiropractic Care**

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Changes to the law now require all chiropractors to warn people of material risks. Chiropractic care is recognized as being an effective and safe method of care of many conditions. However, as in all health care, there are some very slight risks involved. These include, but are not limited to:

- Some people may experience mild soreness for 24-48 hours after their adjustment. This is a normal sign of change, especially when their body is unwinding <sup>(1) (2)</sup>, as may occur after exercise or stretching.
- Disc injuries, rib fracture, sprains/strains (1 in 139k in the neck and 1 in 62k in the low back) <sup>(3)</sup>
- Stroke or stroke like symptoms (1 in 5.85 million neck adjustments) <sup>(4) (5)</sup>

Put in context, chiropractic has been shown to be 250 times safer than anti-inflammatory drugs <sup>(6)</sup> and safer than driving a car <sup>(7)</sup>. Clinical experience consistently demonstrates **unexpected improvement** in people's life. One study indicated that 23% of people experience improvement in some other aspect of their health <sup>(8)</sup>. Of individuals who experience such improvements:

- Easier to breathe: 21%,
- Improved digestive function: 20%,
- Clearer/better/sharper vision: 11%,
- Better circulation: 7%,
- Changes in heart rhythm/blood pressure: 5%,
- Less ringing in the ears/improved hearing: 4%

## **Consultations in this Office**

This practice is primarily open plan. If, at any time, a person requires a private room their request will be granted.

## **Agreement:**

I have read and understand the information above. I do not expect the chiropractor to be able to anticipate or explain all the risks and complications. I wish to rely on the chiropractor to exercise his/her judgement during the course of procedures which he/she feels at the time, based upon the facts known, is in my best interests.

I have, to the best of knowledge, provided the chiropractor with a complete and accurate health history. I have had the opportunity to discuss the nature and purpose of chiropractic adjustments and other procedures as well as other concerns. I understand that results are not guaranteed. I intend this consent form to cover the entire course of my chiropractic care for this and any future presentation.

I hereby request and consent to chiropractic examinations, adjustments and other chiropractic procedures wherever the chiropractor determines necessary. By signing below I agree to chiropractic care.

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_  
(parent/guardian if under 18 years) **Date:** \_\_ / \_\_ / \_\_\_\_

(1) Leboeuf-Yde C, Axen I, Ahlefeldt G, Lidfeijt P, Rosenbaum A, Thurnherr T. The types of improved nonmusculoskeletal side effects of chiropractic treatment: a prospective study. J Manipulative Physiol Ther. 1997 Oct;20(8):511-5

(2) Frequency and characteristics of side effects of manipulative therapy. Senstad O et al, Spine. 1997 Feb 15;22(4):435-40; discussion 440-1

(3) Dvorak study in Principles and Practice of Chiropractic, Haldeman, 2<sup>nd</sup> Ed.

(4) Arterial Dissections Following Cervical Manipulation; The Chiropractic Experience. Haldeman S et al. Canadian Medical Association Journal, Vol 165, No 7, 905-906, 2001.

(5) The Mechanics of Neck Manipulation with Special Consideration of the Vertebral Artery. Herzog W, Symons B. J Can Chiropr Assoc 46(3): 134-136, 2002.

(6) A Risk Assessment of Cervical Manipulation vs. NSAID's for the Treatment of Neck Pain. Dabbs V, Lauretti W. J Manipulative Physiol Ther 1995; 18(8):530-6

(7) What are the Risks of Chiropractic Neck Adjustments. Lauretti W. JACA 1999; 36(9):42-47

(8) Symptoms reported after chiropractic spinal manipulative therapy. J Manipulative Physiol Ther 1999; 22:559-64.

**Cancellations, Missed Appointments and Rescheduling Policy**

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I have understood and agree to the following policy:

- I will be charged **75%** of my appointment fee for missed appointments.
- I will be charged **50%** of my appointment fee if cancelled or rescheduled on the same day and Hamilton Chiropractic Centre is unable to find a replacement appointment.
- There will be **no charge** if my appointment is cancelled or rescheduled **1 day prior** to the appointment.

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_  
(parent/guardian if under 18 years) **Date:**     \_\_ / \_\_ / \_\_\_\_