Noji Chiropractic & Wellness Centre
115 Stafford Drive S. Lethbridge, AB T1J 4N8

Contemporary Acupuncture for Health Professionals

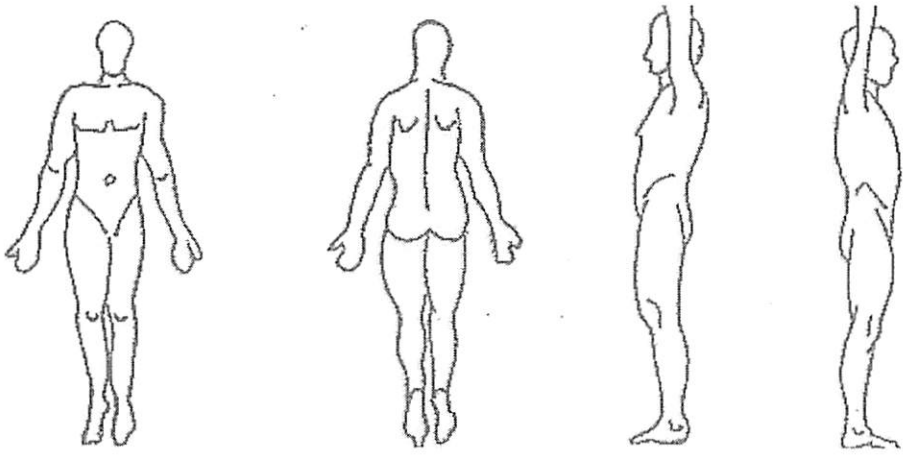
Patient Information Sheet

Name: _____ Date of Birth (day/month/year) _____/_____/_____
Address: (home/business) _____
City:_____ Province: _____ Country: _____ Postal Code: _____
Telephone: Home ( ) ___-_____ Office: ( ) ___-_____ Fax: ( ) ___-_____ Cell: ( ) ___-_____
Occupation: _____ Smoking: Yes ☐ No ☐ # of cigarettes/day:_____
Marital Status and # of Children: _____
Family Doctor's Information: _____
Referring Doctor's Information: _____

Please answer the following questions:

1. What are the main reasons you wish to see the Doctor? Pain ☐; Fatigue ☐; Sleep Problems ☐; Menstrual Problems ☐; Other Problem ☐ (please specify): _____

2. Please use the following drawings to mark the areas where you have pain:



3. Mark in this scale what is your level of pain today (T), and in general (G)

   (0 = no pain) 0 ------1------2------3------4------5------6------7------8------9------10 (10 = worst pain)

4. Mark the treatments that you have received so far for your pain/fatigue or other problems?
   Medication ☐ Physical Therapy ☐ Chiropractic ☐
   Osteopathy ☐ Relaxation ☐
   Other Treatments (please specify): _____

5. So far, which treatments have benefited you the most? _____

6. List all the medications and supplements you are taking, or have taken recently: _____
   _____

7. What do you expect from the Contemporary Acupuncture Treatments? _____
   _____

8. If you have several symptoms, what is your wish list? _____

Patient Information Sheet Continued

Alberta Health Care #	Third Party Insurance #
Emergency Contact Name:	Emergency Contact Phone ( )
Email address: (optional)	(Email will be used for [e.g., appointment reminders, receipts, birthday emails, etc.]

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

When did your condition begin? _____

Have you ever had similar problems? ☐ Yes ☐ No

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

_____

Is this a work related injury? ☐ Yes ☐ No Has your employer been notified? ☐ Yes ☐ No

Is this a Motor Vehicle Accident (MVA)? ☐ Yes ☐ No On what date did the accident occur? _____

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): _____

_____

_____

Have you had previous chiropractic care? ☐ Yes ☐ No Dr. _____ Date: _____

If numerous additional space to fill out all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: _____

_____

_____

Date: _____ Patient signature: _____

Contemporary Acupuncture for Health Professionals

Patient Information Sheet

NAME: *Please Print* _____

Please answer the following questions about your family medical history:

Has anyone in your family had: Heart Disease? ☐; High Blood Pressure? ☐; Diabetes? ☐; Cancer? ☐;
Other Diseases? ☐ Specify Whom: _____

Please check the appropriate symptom if you have ever experienced it:

HEAD AND NECK

Headaches ☐	Hearing Problems ☐	Ringing of the Ears ☐
Vertigo ☐	Dizziness ☐	Eye Problems ☐
Vision Problems ☐	Nose Problems ☐	Temporomandibular Problems ☐
Sinusitis ☐	Cavities ☐	Other Mouth Problems ☐
Sore Throat ☐	Neck Pain ☐	Voice Changes ☐

Other problems in these areas (specify): _____

CHEST, LUNG, HEART, AND SKIN

Chest Pain ☐	Palpitations ☐	Blood Pressure Problems ☐
Tachycardia ☐	Chest oppression ☐	Excessive Dreaming ☐
Insomnia ☐	Night Sweats ☐	Excessive or Little Sweating ☐
Lung Problems ☐	Asthma ☐	Shortness of Breath ☐
Allergies ☐	Skin Problems ☐	Restlessness, Irritability ☐

Other problems in these areas (specify): _____

DIGESTIVE SYSTEM AND MISCELLANEOUS

Bleeding Gums ☐	Belching ☐	Nausea, Vomiting ☐
Heart Burning ☐	Poor Appetite ☐	Loss of Taste ☐
Bloating ☐	Abdominal Pain ☐	Bowel Movements After Meals ☐
Sleepy After Meals ☐	Gas, Rumbling ☐	Diarrhea ☐
Constipation ☐	Haemorrhoids ☐	Gaining or Losing Weight Easily ☐
Bruising Easily ☐	Heavy Legs ☐	Varicosities ☐

Other digestive problems (specify): _____

GYNECOLOGICAL SYSTEM

Painful Periods ☐	Heavy Periods ☐	Irregular Periods ☐
Long Periods ☐	Absent Periods ☐	Pre-Menstrual Syndrome ☐
Hot Flashes ☐	Endometriosis ☐	Painful Intercourse ☐
Fertility Problems ☐	Breast Problems ☐	Miscarriages, Abortions ☐

Other gynecological problems (specify): _____

LIVER AND GALL BLADDER

Liver Problems ☐	Sweaty Palms ☐	Sweats Easily ☐
Irritated Easily ☐	Brittle Nails ☐	Bitter Taste in Mouth ☐
Muscle Cramps ☐	Anxiety ☐	Tension Headaches ☐
Slow Digestion ☐	Restlessness ☐	Stiff Joints and Muscles ☐

KIDNEY, URINARY TRACT, ENDOCRINE SYSTEM, AND VARIOUS

Kidney Stones ☐	Kidney Problems ☐	Urinary Bladder Problems ☐
Prostatitis ☐	Frequent Urination ☐	Urinary Tract Infections ☐
Incontinence ☐	Low Sexual Drive ☐	Erectile Dysfunction ☐
Feeling Cold ☐	Feeling Hot ☐	Feeling Low Energy ☐
Cold Hands ☐	Cold Feet ☐	Joint Pain ☐
Weak or Sore Knees ☐	Low Back Pain ☐	Bone Problems ☐

Please mention any muscle/joint problem of any other problem anywhere else: _____

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CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

INFORMED CONSENT FOR ACUPUNCTURE CARE

It is important for you to consider the benefits and risks and alternatives to the acupuncture treatment offered by your chiropractor and to make an informed decision about proceeding with treatment.

Acupuncture involves the insertion of small sterilized needles into specific locations on the skin surface. Other procedures related to acupuncture include moxibustion, cupping and electroacupuncture.

Benefits
Acupuncture and procedures related to acupuncture have been demonstrated to be a safe and effective form of treatment for a range of conditions including musculoskeletal complaints and pain.

Risks
The risks associated with acupuncture include minor bleeding and bruising, temporary pain and soreness, nausea, fainting, burns, infection, shock, convulsions, pneumothorax, perforation of internal organs, and stuck or bent needles.

Please inform the chiropractor if you:

- Have or develop any major health issues
- Are pregnant or actively trying to be
- Have been fitted for a pacemaker or other electrical implants
- Have a bleeding disorder or take anticoagulants
- Have damaged heart valves or have a high risk of infection
- Suffer from metal allergies
- Are Immune compromised
- Have had prosthetic implants

Only sterile single use disposable needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

Pregnancy
The use of certain acupuncture points and treatment techniques may not be recommended during pregnancy. Advise your chiropractor if you are pregnant or actively trying to be.

Alternatives
Alternatives to acupuncture treatment may include rest, exercise, other modalities or consulting other health professionals.

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 read this form and 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 acupuncture treatment as proposed to me.

Name (Please Print)	Signature of Patient (or legal guardian)	Date
Signature of Chiropractor		Date

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CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION
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)

_____ Date: _____ 20____
Signature of patient (or legal guardian)

_____ Date: _____ 20____
Signature of Chiropractor

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Lethbridge, AB
T1J 4N8

NOJI FAMILY
CHIROPRACTIC & WELLNESS CENTRE

EXTRA-CORPOREAL SHOCKWAVE THERAPY CONSENT FORM

What is extracorporeal radical shockwave therapy?

Extracorporeal Shockwave Therapy is a series of high-energy percussions to the affected area. The shockwave is a physical sound wave "shock", not an electric one.

How does it work?

1) Treatment produces an inflammatory response. The body responds by increasing metabolic activity around the site of pain. This stimulates and accelerates the healing process, promotes the remodeling of dysfunctional collagenous tissues, such as tendinopathies, trigger points, muscle strains, etc.).
2) Shockwaves break down scar tissue and/or calcification

What are the benefits of Shockwave Treatments?

This therapy stimulates the body's natural self-healing process. There is actually an immediate reduction of pain and improved range of motion. ESWT may also eliminate your need for surgery.

How long does the treatment last?

Approximately 2000 shocks are administered per treatment area (the duration of which is approximately 5 minutes). Some patients and/or conditions require more shock and duration, depending on severity and chronicity (how long the condition or injury has existed).

How many treatments will I need?

Normally three to six treatments are necessary at weekly intervals; there is a possibility that six to eight treatments may be necessary if your condition is very chronic. Should you not respond in this time, your case will be reviewed with the doctor to determine an appropriate referral. Success rates with ESWT are unparalleled (over 80-90% improvement).

Does the treatment hurt?

It is a short treatment (usually 15 to 20 minutes) that may be fairly uncomfortable. However, most people are able to easily tolerate it. However, if you cannot tolerate it, adjustments on the machine can decrease the pressure you feel.

Will it hurt after the treatment?

There may or may not be immediate pain, but discomfort may be experienced 2-4 hours after the treatment. In some cases it can last up to 48 hours and in very rare cases, the pain lasted up to 5 days. Some bruising and swelling can occur.

What should I do if I am in pain after the treatment?

The shockwave will trigger an inflammatory response, which is the body's natural process of healing. For this reason, do not use anti-inflammatory medications. Do not use ice. The pain should subside within 24 hours. Use Tylenol if necessary, provided you have no trouble with this medication

What if it feels good after the treatment?

Even if it feels good, we recommend decreased activity for 48 hours following treatment.

Is Shockwave Therapy covered by my insurance?

If you have insurance you will want to ask your provider about the requirements of your coverage. You will be involved under Chiropractic/Extracorporeal Shockwave Therapy treatment.

What is the success rate of this kind of treatment?

A successful treatment is considered as a patient having at least 75% reduction in pain within 3 months. Worldwide, success rates are around 80-90%

What if it doesn't work for me?

Although the short-term effects alone are exceptional, the long-term benefits of this treatment may take up to 3-4 months. If after this time there has not been any marked improvement, you should see your doctor for further treatment options.

Are there contraindications and/or precautions? Contraindications include:

- Coagulation disorders, thrombosis, heart or circulatory patients
- Use of anticoagulants, especially Marcumar, Heparin, Coumadin
- Tumour diseases, carcinoma, cancer patients
- Pregnancy
- Polyneuropathy in case of diabetes mellitus
- Acute inflammation / pus focus in the target area
- Children in growth
- Cortisone therapy up to 6 weeks before first treatment

Unit 302 2810 13th Ave Medicine Hat, AB T1A 3P9

Side Effect include: (These side effects generally abate after 5 to 10 days.)

- Swelling, reddening, haematomas
- Petechiae, bruising
- Pain
- Skin lesions (especially after previous cortisone therapy)

Why am I asked to sign a consent form?

Pain can increase temporarily. Bruising and or swelling are also possible. We want you to be informed of all aspects. By signing the below, you acknowledge that you understand and accept the risks, benefits and cost of shockwave therapy, and consent to having this therapy administered.

NAME: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____