



#16, 15508 87 Avenue NW
Edmonton, AB T5R 4G5
(780)705-3556

Confidential Health History

Name Birthdate: / / (Age:)
Address DD/MM/YYYY
City Edmonton Other: Sex: Female Male Other:
Postal Code Occupation:
Mobile No. () - Employer:
Home No. () - Alberta Health #:
Email:

Note: your email is used for appointment reminders, receipts, billing and booking communication.
Select to opt out.

*To stay up to date on our promotions, discounts, or office events, follow us on Facebook and Instagram (@livewellfamilychiro)

Are you currently a student? Yes No
Is there a chance you could be pregnant? Yes No
Is this related to a car accident in the past 10 days? Yes No
Is this related to a workplace injury (WCB Claim) Yes No

Who can we thank for referring you to our office?
How do you know them?
If you were not referred by a friend or family, how did you hear about our office?
Have you been to a Chiropractor before? Yes No
If Yes, Who When was your last visit?
Do you wear orthotics or special shoe inserts? Yes No If yes, how old are they?

Emergency Contact: Phone Number:

Why This Form is Important

As a full spectrum Chiropractic office, we focus on your ability to be healthy. Our goals are, first, to address the issues that brought you to this office, and second, to offer you the opportunity of improved health potential and wellness. Answering the following questions will give us a profile of the specific stresses you have faced in your lifetime, allowing us to better assess the challenges to your present and future health.

Systems Review

Please check any symptoms that are currently affecting your quality of life, even if you do not believe them to be Chiropractic related.

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Lower Back Pain | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Constipation | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Dizziness/Vertigo | <input type="checkbox"/> Upper Back Pain | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Frequent Colds/Flus |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Arthritis/Degeneration |
| <input type="checkbox"/> Vision Changes | <input type="checkbox"/> Cough | <input type="checkbox"/> Sciatic Pain | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Allergy/Sinus Problems | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Cramping in legs | <input type="checkbox"/> Loss of bladder control or bladder retention |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Leg Pain | <input type="checkbox"/> Loss of bowel control |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Foot Pain/Numbness | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Arm/Shoulder Pain | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Bladder Control | <input type="checkbox"/> Numb or tingling in buttox, groin or saddle area |
| <input type="checkbox"/> ADD/ADHD | | <input type="checkbox"/> Sexual Dysfunction | <input type="checkbox"/> Pain that wakes you up at night |
| <input type="checkbox"/> Neck Pain | | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Unexplained weight loss |

WOMEN ONLY

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Painful Menstration | <input type="checkbox"/> Irregular Cycles | <input type="checkbox"/> Hot Flashes | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> PMS | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Early Onset Menopause |
| | _____ # of pregnancies | _____ # of births | |
| Have you ever Experienced? | <input type="checkbox"/> C-Section | <input type="checkbox"/> Epidural | <input type="checkbox"/> Induction |
| | <input type="checkbox"/> Forceps | <input type="checkbox"/> Vacuum Suction | <input type="checkbox"/> Breech Baby |

Surgeries:

| | |
|-------|-----------------------------|
| Date: | Type and Reason for Surgery |
| _____ | _____ |
| _____ | _____ |

Medications:

| | |
|--------------------|-------|
| Reason for Taking: | _____ |
| _____ | _____ |
| _____ | _____ |

Supplements

| | |
|--------------------|-------|
| Reason for Taking: | _____ |
| _____ | _____ |
| _____ | _____ |

Is there a family history of: (circle all that apply)

Heart disease Stroke Cancer Diabetes Thyroid Problems Other: _____



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)

Signature of patient (or legal guardian)

Date: _____ 20____

Signature of Chiropractor

Date: _____ 20____