Kesgrave Chiropractic Clinic
313 Main Road
Kesgrave
IP5 2PT
01473624345

New Patient Medical History

Surname: Age:

Forename(s): Preferred Name DOB:

Address:

Home Tel: Work Tel:

Mobile: Email:

Occupation:

Marital Status: S M D W Partners Name:

Names of Children & Ages

Name and Practice of GP

Have you ever received Chiropractic care? ☐ Yes ☐ No Please tick

Why are you here?

How did you hear about Kesgrave Chiropractic Clinic

Your body is designed to be healthy. There is always a cause or reason to why it is not. Throughout life many events occur that may damage your health.

The following questions will help us assess any layers of damage, particularly to your nervous system, that have adversely affected your health. All information will be handled in the strictest of confidence. Please tick where appropriate.

Accidents

Have you ever suffered:

☐ Broken bones Age_____ ☐ Motor vehicle accidents Age_____
☐ Sprains Age_____ ☐ Fainting/Unconsciousness Age_____
☐ Other Age _____

Please give details: _____
_____
_____
_____

As the core problems get coated with more and more layers of damage, symptoms and bouts of sickness arise, displaying decreasing adaptability and health.

General Health

Have you ever suffered from an illness which required hospitalisation or long term medication?

Describe_____
_____Age _____

Do you take any medication/drugs (prescription/non prescription)

Medication:_____ What for _____ How long?_____
Medication:_____ What for _____ How long?_____
Medication:_____ What for _____ How long?_____
Medication:_____ What for _____ How long?_____

Have you ever had surgery either as a child or an adult?

☐ Tonsils ☐ Appendix ☐ Adenoid's ☐ Hysterectomy
☐ Other (please give details) _____
_____

Have you ever had x-rays, scans or MRI (Please give dates and details)?_____
_____

Have you had/Do you have:

☐ Headaches ☐ Chest pains ☐ Cold sweats
☐ Cystitis/bladder infections ☐ Dizziness ☐ Palpitations
☐ Loss of balance ☐ Loss of consciousness ☐ Eye problems
☐ Heart attacks/angina ☐ Loss of smell/taste ☐ Arthritis/joint swelling
☐ Loss of vision ☐ High blood pressure ☐ Diabetes
☐ Difficulty breathing ☐ Hearing problems ☐ Low blood pressure
☐ Jaw pain/clicking ☐ Asthma ☐ Strokes/T.I.A.'s
☐ Varicose veins ☐ Teeth grinding ☐ Sinus problems
☐ Pins and needles ☐ Fatigue/tiredness ☐ Orthodontic work
☐ Allergic reactions ☐ Numbness ☐ Diarrhoea & constipation
☐ Teeth removed ☐ Eczema/skin problems ☐ Indigestion
☐ Cancer ☐ Prostate problems ☐ Epilepsy/fits/seizures
☐ Swelling of ankles ☐ Rapid weight loss ☐ Difficulty urinating

☐ Other

Do you suffer with:
☐ Occupational Stress ☐ Physical stress ☐ Mental stress

Nutrition

Do you:
Smoke: ☐ yes ☐ no Number per day? _____
Drink alcohol: ☐ yes ☐ no Glasses (not pints) per week? _____
Drink water: ☐ 0-1 glass per day ☐ 1-3 glasses per day ☐ 4-8 glasses per day ☐ more

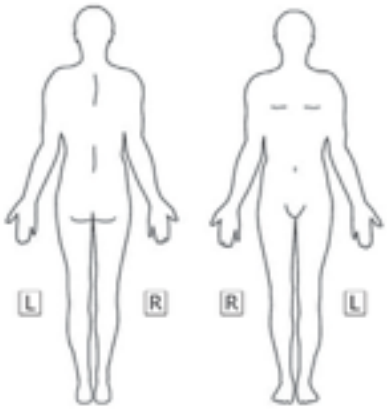
Eat *fresh* vegetables: ☐ 0-3 servings per week ☐ at least 1 per day ☐ several per day
Eat *fresh* fruit: ☐ 0-3 servings per week ☐ at least 1 per day ☐ several per day

Is there a family history of:

Heart disease Arthritis Cancer Diabetes Other

Are you suffering any pain or illness conditions at the moment?
Describe them and indicate areas on the diagrams

_____
_____
_____
_____
_____
_____
_____
_____
_____



Indicate on the following scale how you would rate your pain/discomfort on a scale of 1-10:

_____

1 10
No Pain Extreme Pain

Which sports, hobbies or leisure activities do you engage in: _____
_____
_____
_____

What is your sleeping posture? ☐ Side ☐ Stomach ☐ Back

Number of hours of quality sleep per night _____

How many pillows do you use?_____ How old is your mattress? _____

On a scale of 1 – 10 how would you rate your health?

_____

1 10
Poor Excellent

Reasons:_____
_____
_____
_____
_____

Thank you for taking the time to fill in this form.

Declaration: I confirm that the information provided in this form is true and correct to the best of my knowledge. I have read and understood the 'Informed Consent' form and agree to proceed with care at Kesgrave Chiropractic Clinic

Signed: _____ Date: _____

If under 18, I consent for _____ to receive chiropractic care.

Signature of parent/guardian: _____ Date: _____

Data Protection Policy.

Under the GDPR 2018 we are required to advise our patients of our data protection policy.

As part of the Patient Record, this clinic is required to retain personal information relating to your care at our clinic. Information will be held both electronically and manually in files accessible only by staff of the clinic who are directly involved in the data entry and processing of patient records.

All information provided will be treated as confidential and will not be given to any other person/organisation without the express consent of the patient concerned,

I the undersigned give consent for Kesgrave Chiropractic clinic to maintain records in accordance with the above stated policy.

Signature……Date……..

Informed Consent Information

There are many concerns about the safety of procedures we undergo routinely, the environment that we live in and the food that we consume to name but a few. I hope to explain some of the risks and common responses to chiropractic care so that your concerns may be eased and that you have a better understanding of the adjustments you will be receiving.

Most people will experience some level of discomfort in the early stages of care (please refer to the responses section of this leaflet). This is due to the body settling down and adjusting to new mechanical patterns of movement. It is actually quite a normal response during the initial stages of care.

If you are (or have been) taking any anti-coagulant (blood thinning) or steroid based medication then it is important to tell your chiropractor before care commences. It is also prudent to inform them of any other any other medication you may currently or have previously been taking.

There is a risk of approximately 1 in 1,000,000 adjustments of permanent injury or death associated with manual manipulation or adjustments of the spine. To place this in perspective, the risk of death from gastric bleeding when taking an asprin or paracetamol for your aches and pains is 3 in 1000 or 7 in 1000 of dying during surgery. As I recently heard explained in another clinic – there is more chance of you walking out into the street and being hit a meteor or by lightening than experiencing permanent damage or dying from a manual manipulation or adjustment.

We must explain these risks to you so that you can make an informed decision about beginning or continuing your care. If you have any further worries or questions, please feel free to ask your chiropractor.

The adjustments and care you receive will be tailored to you and your specific health needs. If at any stage of care you are uncomfortable, have doubts or questions then please express them to your chiropractor. Our technique of adjustment can be adapted to suit almost any person, age or condition.

Responses in the return of your Health

When undergoing Chiropractic adjustments to restore your spinal health, it is not unusual to experience varying degrees of discomfort. We consider this a positive response to your adjustments.

These types of responses occur more commonly in the early stages of care, and they may vary with the individual and the severity of their condition. They may last from one to several days. The vast majority of cases diminish in two to three days. Approximately 50% of patients may experience such a response in the return of their spinal health, so if you are among this group there is no cause for alarm.

When the spine is being adjusted to restore normal mobility and reduce nerve irritation, there is an element of physical change involving your bones, muscles, ligaments, nerves, blood vessels, connective tissue and cartilage. All of these tissues and structures must adapt to the new motion.

REALIGNING YOUR SPINE IS SIMILAR TO STRAIGHTENING YOUR TEETH.
BOTH TAKE TIME AND PATIENCE AND
MAY CAUSE SOME DISCOMFORT.

HEALTH RETURNS IN CYCLES

It is quite normal, and indeed common for the return of your health to be an up and down process. There will be days when you feel very little change and other times when it seems like you are almost perfect – only to find your problem returns the next day. This is particularly so with long-standing problems. It is important you don't do too much during these good times, as your body function is still quite fragile. Try to be patient.

If you do have any questions or concerns, please discuss them with your practitioner.

One of the most important factors in recovering and maintaining your health through chiropractic is the regularity of your adjustments. The muscles, ligaments, tendons and joints take time to adjust to their new movement. You should make it a priority to follow your given schedule of care.

As much as you can, avoid rubbing, probing or poking the areas your chiropractor has adjusted. This can aggravate the problem and stir up any inflammation in the area. If you are achy following your adjustment, use ice on the area. Ice is a wonderful anti-inflammatory, and used correctly has virtually no side effects! A bag of frozen peas works wonders. Wrap in a tea-towel to avoid burning your skin, and place on the areas you have been adjusted. Leave for 10 minutes, remove for 10 minutes and reapply for another 10 minutes. This process can be repeated throughout the day as necessary. Please ask your chiropractor for further advice as to the use of heat and cold as appropriate to your individual problems.