ALL SEASONS CHIROPRACTIC

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ADULT INTAKE FORM

DATE:_____, 20___

First Name: _____ Last Name:_____
M / F (circle) Height: _____ Birth Date:_____ Current Age: _____

MHSC Registration # (9 DIGIT) _____ # (6 DIGIT) _____
Mailing Address:_____
City/Town: _____ Prov: _____ Postal Code: _____
Home ph #: _____ Wk #: _____ Cell #: _____
Email: _____
☐ Yes! Please send me ( ) text message alerts or ( ) emails for upcoming appointments/events
Occupation:_____ Employer:_____
Spouse's Name: _____ # of Children (if any): _____
Ages of Children: _____ Are you Pregnant? YES NO (circle)
How did you hear about our Office? _____
_____
Emergency Contact:
Name: _____ Relationship: _____ Phone #: _____

Will you be claiming: Autopac (MPI)?: Y / N (circle)
Worker's Compensation? Y / N (circle)
If yes: Injury/Accident Date: _____
Personal Injury Claim #: _____

CHIROPRACTIC HISTORY:
Have you ever been to a chiropractor before?: Y / N
Date of last visit: _____
Name of last chiropractor:_____

What are your health goals? ☐ Symptom relief ☐ Wellness care ☐ 100% potential!
Please list all medications and doses that you are currently taking:
_____
_____
_____
_____

*****Please also complete page 2 of Intake Form******

YOUR HEALTH HISTORY

Please check all that you have experienced in the last 6 months:

☐ Headaches	☐ Migraines	☐ Dizziness	☐Sinus problems
☐ Depression	☐ Neck Pain	☐ Shoulder Pain	☐ Ringing in ears
☐ Ear infections	☐ Allergies	☐ Upper back pain	☐ Hand/wrist pain
☐ Tinnitus	☐ Chest pain	☐ Fatigue	☐ Mid back pain
☐ Rib pain	☐ TMJ problems	☐ Heart Disease	☐ Low back pain
☐ Knee pain	☐ Heartburn	☐ Diarrhea	☐ Hip pain
☐ Ankle/knee pain	☐ Constipation	☐ Diabetes	☐ Menstrual cramps
☐ Cancer			

Please complete the questions for the 3 conditions you consider the most serious:

Condition 1: _____
On a scale of 1 to 10 (10 being severe), how bad is the problem? _____ /10
When did it start? _____ How? _____
Is the condition: ☐ getting better ☐ getting worse ☐ staying the same?
How would you describe the problem? _____
Are you taking medication for this condition? Yes No (please circle)
If yes, which medication and in what doses? _____
_____

Condition 2: _____
On a scale of 1 to 10 (10 being severe), how bad is the problem? _____ /10
When did it start? _____ How? _____
Is the condition: ☐ getting better ☐ getting worse ☐ staying the same?
How would you describe the problem? _____
Are you taking medication for this condition? Yes No (please circle)
If yes, which medication and in what doses? _____
_____

Condition 3: _____
On a scale of 1 to 10 (10 being severe), how bad is the problem? _____ /10
When did it start? _____ How? _____
Is the condition: ☐ getting better ☐ getting worse ☐ staying the same?
How would you describe the problem? _____
Are you taking medication for this condition? Yes No (please circle)
If yes, which medication and in what doses? _____
_____

OR: [ ] I have no specific symptoms or complaints. I am here mainly for a spinal check up and wellness services.

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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 including 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