MOORE CHIROPRACTIC GROUP

Date _____

Patient's Surname _____ Given Names _____

Address _____ Date of Birth
City/Prov _____
Postal Code: _____ _____

_____ _____ _____
Home Phone # Work Phone # Cell Phone #

_____
Email Address:

Marital status: Single Married Divorced Widowed Common Law

_____ _____
Spouses Name Names and Ages of Children

_____ _____
Family General Practitioner Employer and Occupation

_____
Contact Name and Number in Emergency

How did you hear about this office? _____

EXTENDED HEALTH CARE INFORMATION

Do you have Extended Health Care? Yes_____ No_____
If yes, please answer the following:

Is chiropractic coverage: a) Per visit _____ max/visit
b) Total maximum _____
Massage coverage: a) Per visit _____ max/visit
b) Total maximum _____
Orthotic Coverage: a) Per visit _____ max/visit
b) Total maximum _____
Naturopathy: a) Per visit _____ max/visit
b) Total maximum _____

Policy Holder Name: _____

Company Name: _____ Phone: _____

HEALTH INFORMATION

What have you heard about Chiropractic? _____

Have you had previous Chiropractic Care? _____

Where? _____

When? _____

Why? _____

Were x-rays taken? _____

PRESENT REASON FOR CONSULTING OUR OFFICE

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Chiropractic care (Preventive Care). These are three types of care. Your doctor will weigh your needs and desires when recommending your schedule of care.

_____ Pain symptoms or weakness only (Relief Care)

_____ Managing today's issue and preventing pain, symptoms or weakness (Corrective Care)

_____ Managing today's issue and maximizing personal health potentials (Preventive Care)

_____ Improving family and/or community health

What do you expect on your first visit? _____

_____

What do you hope to do better or enjoy more when you regain your health? _____

_____

How long do you think it will take? _____

What is your major complaint? _____

How long have you suffered with this problem? _____

How often does this problem currently bother you? _____

_____

What have you tried to do to get rid of the problem that did not work? (What medications? Ice? Heat? Exercise? Things to reduce stress? Change in diet?)

Have you become discouraged about getting this problem handled? Yes No

When this problem is at its worst, how does it feel? _____

How does it interfere with your work? _____

How does it interfere with your home life? _____

When it is at its worst, on a scale of 0-10 how severe is this problem? _____

What activities aggravate your condition? _____

Is this condition getting progressively worse?

_____Yes _____ No _____ Constant _____Comes and Goes

Is this condition interfering with your

_____Work _____Sleep _____Daily Routine

Other_____

Please list other doctors who treated this condition _____

_____

Before you began to suffer with this problem was there an earlier accident, injury or condition that could have brought this about or be related to? If yes, what were the similar conditions?

Is getting rid of this problem and what caused it a top priority for you? _____

On a scale of 1-10, 10 being the highest, rate your commitment to getting rid of this problem. _____

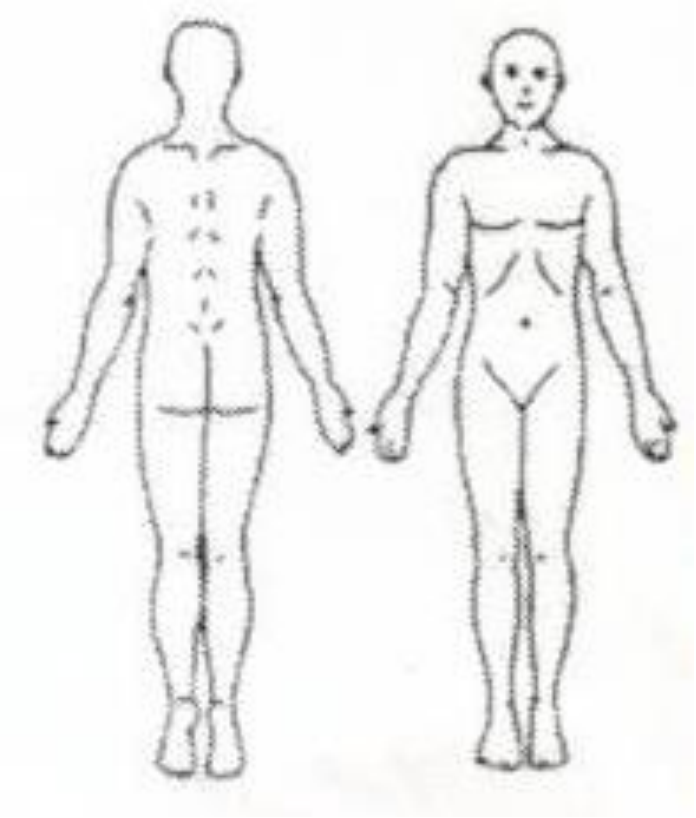
Is your condition due to an auto accident? _____

If yes, has this been reported to your insurance company? _____

Is your condition due to a work related injury? _____

If yes, has this been reported to the Workers' Compensation Board? _____

Please mark on the diagram the area and character of your discomfort.



**** Achyness
….. Pins and needles
////// Sharp pain
Numbness

PREVIOUS HEALTH HISTORY

Have you ever been in a severe accident?

_____ Past Year _____ Past 5 Years _____Over 5 Years _____ Never

If yes, please describe_____

Have you ever had any broken bones? _____Yes _____No

If yes, please describe _____

Have you ever had any surgery? _____Yes _____ No

If yes, please describe _____

Have you ever suffered from any major illness? _____ Yes _____ No

If yes, please describe _____

Rate your energy level: Low Medium High

Describe your typical diet and eating habits: _____

_____

How many hours a night do you sleep and how is your sleep quality? _____

_____

How long has it been since you really felt good? _____

What prevents you from feeling and performing at your very best?

_____

Check any of the following conditions you have had:

Musculo-Skeletal
- ❑ Low Back Pain
- ❑ Pain Between Shoulders
- ❑ Neck Pain
- ❑ Arm Pain
- ❑ Joint Pain/Stiffness
- ❑ Walking Problems
- ❑ Difficult Chewing/Clicking Jaw
- ❑ General Stiffness

Nervous System
- ❑ Nervous
- ❑ Numbness
- ❑ Paralysis
- ❑ Dizziness
- ❑ Forgetfulness
- ❑ Confusion/Depression
- ❑ Fainting
- ❑ Convulsions
- ❑ Cold/Tingling Extremities
- ❑ Stress

General
- ❑ Fatigue
- ❑ Allergies
- ❑ Loss of Sleep
- ❑ Fever
- ❑ Headaches

Gastro-Intestinal
- ❑ Poor/Excessive Appetite
- ❑ Excessive Thirst
- ❑ Frequent Nausea
- ❑ Vomiting
- ❑ Diarrhea
- ❑ Constipation
- ❑ Hemorrhoids
- ❑ Liver Problems
- ❑ Gall Bladder Problems
- ❑ Weight trouble
- ❑ Abdominal Cramps
- ❑ Gas/Bloating After Meals
- ❑ Heart Burn
- ❑ Black/bloody Stool
- ❑ Colitis

Genito-Urinary
- ❑ Bladder Troubles
- ❑ Painful//Excessive Urination
- ❑ Discoloured Urine

Cardio-Vascular
- ❑ Chest Pain
- ❑ Short Breath
- ❑ Blood Pressure Problems
- ❑ Irregular Heartbeat
- ❑ Heart Problems
- ❑ Lung Problems/Congestion
- ❑ Varicose Veins
- ❑ Ankle Swelling
- ❑ Stroke

Eye-Ear-Throat
- ❑ Vision Problems
- ❑ Dental Problems
- ❑ Sore Throat
- ❑ Ear Aches
- ❑ Hearing Difficulty
- ❑ Stuffed Nose

Male/Female
- ❑ Menstrual Irregularity
- ❑ Menstrual Cramping
- ❑ Vaginal Pain/Infections
- ❑ Breast Pain/Lumps
- ❑ Prostate/Sexual Dysfunction

Habits
- ❑ Smoking _____ pks/day
- ❑ Drinking _____ amount of alcohol per week
- ❑ Coffee _____ cups/day

Age of mattress _____

Type of mattress: Foam _____ Spring Firm _____

Spring Soft _____ Futon _____ Other _____

Is your Mattress Comfortable? _____

Are you wearing: Heel Lifts _____ Sole Lifts _____ Inner Soles _____

Arch Supports _____ Custom Orthotics _____

REGARDING MEDICATION

Please indicate any medication you are currently taking

Pain Killers _____ Muscle Relaxers _____ Insulin _____

Tranquilizers _____ Birth Control Pill _____ Heart Medication _____

Hormone Replacement Therapy _____ Other _____

REGARDING NUTRITIONAL SUPPLEMENTS

Please list any current supplementation or detoxification programs you are following.

FAMILY HEALTH INFORMATION

Please list any health related problems your parents and other siblings suffer(ed) from:

Would you be interested in a spinal and wellness check for your children and spouse?

Our Financial Policies

Please check with your insurance company regarding your benefits. In order to be reimbursed by your insurance company, please ask our staff to print an Extended Health Care Financial Record, which must be submitted with your claim. However, we will require payment for service rendered on the day of your appointment. We cannot guarantee that your insurance company will make payment for the same.

It is the policy of Moore Chiropractic Group that payment arrangements are made prior to treatment commencing.

We accept cheques, Visa, Mastercard and cash. If you are going to be on a regular treatment plan of one or more months, it is possible a payment plan may be worked out for you. Please ask to go over this with our Treatment Coordinator if desired.

FEE SCHEDULE

Adult	Total
Initial Consultation/Examination	195.00
Radiographic (x-rays) – per view	50.00
Thermographic and EMG Scans (per scan)	45.00
Report of Findings (1 hr)	125.00
Chiropractic Adjustment	85.00
Comparative Exam	75.00
Additional Report or review time	100.00 per ¼ hour

Student (11 years of age to include 17 years of age)*

Initial Consultation/Examination	150.00
Radiographic (x-rays) – per view	50.00
Thermographic and EMG Scans (per scan)	45.00
Report of Findings (1 hr)	100.00
Chiropractic Adjustment	80.00
Comparative Exam	60.00
Additional Report or review time	100.00 per ¼ hour

Child (10 years and under)*

Initial Consultation/Examination	125.00
Radiographic (x-rays) – per view	50.00
Thermographic and EMG Scans (per scan)	45.00
Report of Findings (1 hr)	100.00
Chiropractic Adjustment	75.00
Comparative Exam	50.00
Additional Report or review time	100.00 per ¼ hour

*Child and Student fees apply to children and students who have a minimum of 1 parent under a chiropractic care plan with Dr. Moore or Dr. Pike at the time of the initial visit

I have reviewed, understand and accept the fee structure as set out above.

Patient Initials _____

Other Services

Consultation/Extended Treatment with Dr. Moore	$100.00 per ¼ hour
Custom Orthotic Footwear (Excluding shoes)	$600.00
Custom Orthotic Shoes	$800.00
Dispensary Products	Priced Individually
Invasive Acupuncture	$95.00 per session
Spinal Decompression	$250.00 per session
Records and other Administrative Forms / Reports	Priced Individually @ $400.00 per hour
Communications (email, text, telephone)	$100.00 per ¼ hour
Emergency Fee	$150.00 in addition to services
Out of Hours appointments	$75.00 in addition to services

I have reviewed, understand and accept the fee structure as set out above. Patient Initials _____

ABOUT BILLINGS

All services are billed at the discretion of the doctor at the time of service. Care plans are an estimate of the services that will be used throughout the course of care however, other services not included in the care plan may be incurred and will be billed at the customary rates enclosed above. Any changes or additions to a care plan are billed at the rates above.

EXTENDED HEALTH CARE

Please check with your insurance company regarding your benefits. In order to be reimbursed by your insurance company, please ask our staff to print an Extended Health Care Financial Record which must be submitted with your claim to your company. However, we do require payment for services rendered on the day of your appointment. We cannot guarantee that your insurance company will make payment for the same.

ABOUT OHIP

OHIP has been de-listed by the Ontario Government effective December 01, 2004. That means that the government no longer contributes to the cost of Chiropractic care.

NO FAULT MOTOR VEHICLE INSURANCE

If you are attending our office due to a claim filed with your provincial No Fault Motor Vehicle Insurance, payment must be made directly to Moore Chiropractic Group by yourself at the time the program is initiated. Moore Chiropractic Group will assist you with the required documentation necessary to be reimbursed by your insurance company.

WORKERS' COMPENSATION BOARD

Should you be eligible for coverage under the Workers' Compensation Board of Ontario, it is imperative you advise Moore Chiropractic Group of this situation on your first visit.

It is advisable that you file a claim through your place of employment as soon as possible. Under the Workers' Compensation Board of Ontario Act, you are entitled to twelve (12) weeks of coverage providing your claim has been accepted by Workers' Compensation.

Should you elect to use your benefits allowable from the Workers' Compensation Board of Ontario, you are responsible for paying your account at Moore Chiropractic Group and submitting your clam to the WSIB.

MISSED APPOINTMENTS

Your adjustment schedule is designed specifically for you to allow you to achieve maximal results in your quest for optimal health and wellness. We understand that from time to time plans will change and you will be unable to arrive for your adjustment at the scheduled time, but to maintain your progress any adjustment missed must be made up within 24 hours. If you are unable to keep your scheduled adjustment time we ask that you call us to reschedule. If you miss an adjustment and we have not received a phone call the missed appointment will be subject to a full fee missed appointment charge.

If you have any questions with respect to matters set out above or if we have failed to cover any area of concern to you, please do not hesitate to ask our staff. We value you as a practice member and want to do everything we can to assist you in maintaining an active, healthy lifestyle.

Sincerely,

moore chiropractic group

PATIENT'S ACCEPTANCE OF POLICIES

I, _____ understand that the information provided herein is strictly confidential and is utilized to assist in more fully understanding my case. I understand and accept all policies of Moore Chiropractic Group as set out above.

_____ _____

Patient's Signature Date

ONTARIO CHIROPRACTIC ASSOCIATION
ASSOCIATION CHIROPRATIQUE DE L'ONTARIO

ARE THERE RISKS TO CHIROPRACTIC TREATMENT?

INFORMATION FOR PATIENTS

In recent weeks there have been media reports suggesting that chiropractic treatment may not be safe. There are some risks associated with chiropractic care, as with all healthcare treatments. However, the media reports have greatly exaggerated these risks. By ant standards, chiropractic treatments is very safe with an extremely low risk rate.

QUESTIONS AND ANSWERS

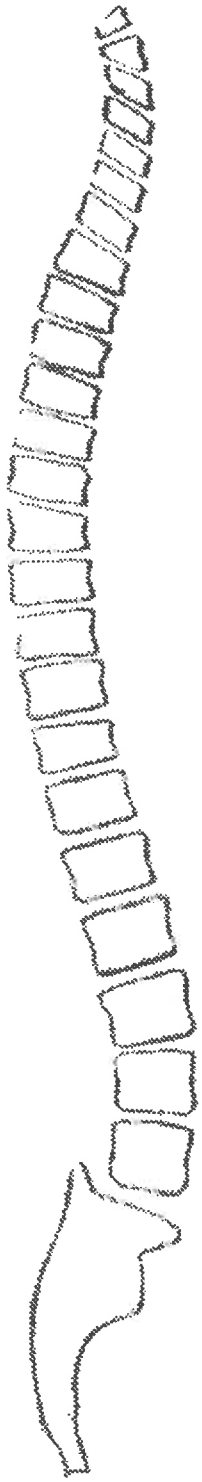
Is chiropractic treatment safe? It is. Chiropractors do not use drugs or surgery, which have their place but may produce many side effects and complications. The one chiropractic treatment with any significant risk of harm is adjustment of the cervical spine (neck manipulation).

What can happen? It is known that in rare cases people can suffer a stroke following neck manipulation. This also happens after a wide range of other neck movements such as turning to back the car, having a shampoo at a beauty salon, normal sporting activities, bouts of violent coughing, etc.

What are the chances of this happening? Research shows the risk rate is very remote (1 or 2 strokes per million treatments).

How does that compare with the risks of other treatments? Neck manipulation is often given by chiropractors, medical doctors, and other trained professionals. A common medical treatment for neck pain, use of anti-inflammatory drugs such as acetaminophen, causes 1,000 serious complications and 100-200 deaths per million cases. Surgeries for neck pain cause 15,600 cases of paralysis or stroke per million cases, and 6,900 deaths per million.

Are some patients at greater risk from neck manipulation than others? Yes. There is no evidence that any particular form of neck-or any other form of neck movement-increases the risk. It is now thought that some people a weakness in their vertebral arteries which places them at greater risk of injury and stroke from any neck movement.[1] This is obviously very rare or there would be many more cases of injury.



Does the medical profession regard neck manipulation as a safe and appropriate treatment? Yes, though some individual medical doctors unfamiliar with the research may personally disagree. In health care the matter of whether a treatments is appropriate or not is determined by looking at the level of risk, and comparing this with the level of expected *benefit*. This is called the risk/benefit ratio. All of the research has been looked at by medical experts in three recent reviews-each of which has found spinal manipulation to be of proven benefit and appropriate of various conditions including many forms of neck pain and headache.[2,3,4]

Another example of the safety of chiropractic practice is that most chiropractors do not have a single case of a patient suffering a stroke or other serious injury during their entire professional lives.

If you have further questions ask your chiropractor.

References

1 Halderman S, Kohlbeck FJ, McGragor M. Risk Factors and Precipitating Neck Adjustments Causing Vertebrobasilar Artery Dissection After Cervical Trauma and Spinal Manipulation, Spine 1999: 24(8): 785-794.

2 Spitzer WO, Skovron ML, et al. Scientific monograph of the Quebec task force on whiplash-associated disorders: redefining whiplash and its management. Spine 1995; 20:8S

3 Hurwitz EI, Aker PD, Adams AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine: a systematic review of the literature. Spine 1996;21:1746-60.

4 Aker PD, Gross AR, et al. Conservative management of mechanical neck pain: systematic overview and meta analysis. Br Med J 1996; 313:1291-96.

moore chiropractic group

Informed Consent to Chiropractic

Consent to Examination

Your chiropractic care at this office will be based upon the details of your personal health history, as well as detailed orthopedic and neurological testing. Radiographic studies may be recommended. During the course of this testing the doctor will be asking you to bend, twist and move. Additionally, the doctor will palpate areas of your spine and muscles.
I have read the above and consent to undergoing an examination as mentioned but not limited to the above.

Print Name _____ Signature _____ Date _____

Consent to Chiropractic Care

Chiropractors locate, analyze and correct vertebral subluxations, which are misalignments of spinal joints, which cause nervous system imbalances. Chiropractic care, including spinal adjustments, have been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be highly effective for spinal pain, headaches and other similar symptoms. Chiropractic care can greatly contribute to your overall well-being and good health. Chiropractors may utilize chiropractic adjustments, soft tissue therapy and occasional modalities such as ultrasound and interferencial current during your care.

Chiropractic care is considered to be one of the safest forms of health care; the risk of injuries or complications is substantially lower than that associated with medical or other treatment, medications and procedures given for the same symptoms. However, all treatment or manual therapies contain some risks, however rare, that you should be aware of including ligament sprains, muscle strains, and rib fractures. There are rare reported cases of disc injuries identified following certain cervical and lumbar spinal adjustments, although no scientific evidence has demonstrated such injuries are caused by or may be caused by spinal adjustments or other chiropractic care.

There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because of the serious neurological impairment a stroke may cause. The possibility of such injuries occurring in association with upper cervical chiropractic is extremely remote.

I acknowledge I have read this consent and I have discussed or had the opportunity to discuss with the doctor this consent, the nature and purpose of chiropractic care in general, treatment options, and recommendations for care.

I consent to the chiropractic care offered at this office and I intend this consent to apply to all my present and future chiropractic care.

Print Name _____ Signature _____ Date _____

DC Initials _____