



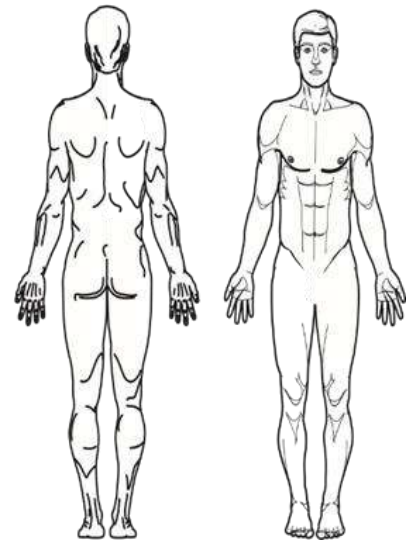
MINDARIE KEYS CHIROPRACTIC &WELLNESS CENTRE

Please complete this form prior to your appointment

Name: _____ D.O.B: _____ M/F
 Phone: _____ Email: _____
 Address: _____ Suburb: _____
 Emergency Contact (relationship & phone): _____
 Occupation: _____ Recreational Activities: _____
 How did you find out about us? _____
 List of Medications: _____
 Are you currently a patient of: Dr. Paul / Dr. Natasha / None

Please tick if you have had or if you are suffering from the following:			
Cancer	<input type="checkbox"/>	Loss of balance/Dizziness	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Numbness/Tingling	<input type="checkbox"/>
Headaches/Migrains	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	Varicose veins/Blood clots	<input type="checkbox"/>
High/Low Blood Pressure	<input type="checkbox"/>	Neck or Spine Injury/MVA	<input type="checkbox"/>
Hernias	<input type="checkbox"/>	Abdominal/Digestive conditions	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Skin disorders	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Vision/ Hearing problems	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
Other: _____			

Please identify problem areas:



Have you had a remedial massage before? Yes/No
 Do you have difficulty laying on your back? Yes/No
 Do you have difficulty laying on your front? Yes/No
 Do you have difficulty laying on your side? Yes/No
 Have you had any recent surgery? Yes/No
 If yes, please explain: _____

I understand that:

Massage may elicit benefits for certain conditions, which may include relief of muscular tension, reduction in the symptoms of stress related conditions and provision of general health and well-being. I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light headaches amongst other possible temporary outcomes. I am aware that the massage therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

Dry needling is a valuable treatment for chronic pain, stiffness, and to deactivate myofascial trigger points. Dry needling involves using a fine, flexible, single use, sterile needle directed into a muscle or muscles to release shortened bands and decrease trigger point activity. No drugs are injected. Dry needling can help resolve pain and muscle tension and will promote faster healing. Bruising is a common occurrence and should not be a concern. Multiple treatment sessions may be required/needed; thus, this consent will cover this treatment as well as consecutive treatments at this facility. Your therapist will inform you before any needling commences and will answer any questions (if any) you have before, during and after your treatment.

Please tick the boxes once read and sign and date the consent:

- I verify that the patient information and history given, is, to the best of my knowledge, true and accurate and I undertake to advise the therapist of changes that may occur in any of my conditions at any future treatment that may occur.
- I understand that dry needling could be used as part of my treatment(s) if my therapist deems necessary.
- I hereby give my consent to this treatment.

Signature: _____

Date: _____

NEWSLETTER FORM

Please tick the health subject(s) that interest you the most:

- Headaches and Neck Pain
- Backaches and Sciatica
- Stretching and Mobility
- Children's health issues
- Exercise and Fitness
- Diet and Nutrition
- Stress Management
- Wellness Topics
- Women's health issues
- Remedial Massage

By joining our website, you authorise us to send an informative email to you once a month to the email address provided at the top of this form. You will **not** be inundated with numerous emails. Naturally, you may opt out at any time.

Please review our complete privacy policy on our website: <https://www.mkchiro.com.au>

Signature: _____

Date: _____