

CONFIDENTIAL PATIENT DETAILS

Title: _____

Full Name: _____ DOB: _____ Age: _____ M F

Address: _____

 _____ Post Code: _____

Home Ph _____ Work Ph _____ Mobile Ph _____

Occupation: _____ Employer: _____

Email Address: _____

Status: Single Married Cohab. Widow(er) Separated/Divorced

Partners Name: _____ Names/Ages of Children _____

Who recommended you to our practice? _____ Yellow Pages

Are you here for a general check up? a specific health concern? (if so, please continue this section)

What is your main concern? _____

How long have you had it? _____ D/W/M/Y How did it start? _____ unsure?

Is it: always there on and off Is it? Improving staying the same worsening

Is it: sharp/shooting dull/aching throbbing burning numb/tingling other _____

What aggravates it? _____ What relieves it? _____

Have you had it before? No Yes If yes, how often and since when? _____

Who else have you seen for this problem? _____

Do you have any other health concerns? _____

| Tick Past (P) or Current (C) if you have ever had: | |
|--|-----------------------------|
| P C | P C |
| Headaches/Migraines | Asthma |
| Dizziness/Loss of balance | Diabetes |
| Ringing/Buzzing in the ear | Neck Stiffness |
| Menstrual Pain/Irregularity | Osteoporosis |
| Changed Bowel/Bladder control | Fatigue/Irritability |
| Indigestion/Heartburn | Prolonged steroid use |
| Other digestive problems | Sudden/Recent weight loss |
| Blood pressure problems | Sleeping problems |
| Stroke or Transient Ischaemic Attacks | Heart Disease |
| Pains/sweats waking you at night | Blackouts or blurry vision |
| Recurrent/Persistent sinusitis | Increased urinary frequency |
| Recurrent ear/nose/throat infections | Cancer _____ |



Front View



Back View

If you have been to a chiropractor before: Name/Location of chiropractor _____

When? _____ What for? _____ Approximate No. of visits: _____

Results: excellent good satisfactory no improvement worse

Have you had any spinal x-rays taken in the last 12 months? No Yes

Are you taking **any** medication? (what for? How much? How Long?) _____

List **any** major illnesses or **any** surgeries and years: _____

List traumas (car/home/sports/work injuries etc.) and years: _____

Is there **anything** else we should be aware of in regards to both you and your family's health? _____

FEMALES ONLY: Is there any possibility that you may be pregnant at this time? Yes No

X Name Case

CONSENT TO EXAMINATION

I consent to an appropriate physical examination.

X Signed X Date

If you are under 16 years of age, this consent must be signed by a parent or legal guardian

Signed Date

You will be tested before any adjustments are applied.

Very rare risks may include muscle soreness, strain to a ligament or disc in the neck or low back and aggravation of the underlying condition.

Extremely rare is the risk of damage to neck blood vessels which can arise in stroke or like symptoms.

Chiropractic adjustments of the spine are internationally recognised as being safer than medication and many other alternatives (see below).

If you have any questions relating to the care you are about to receive, please speak to the Chiropractor

I acknowledge the above information and do not expect the Chiropractor to be able to anticipate all potential risks and complications.

CONSENT TO TREATMENT

X Signed X Date

If you are under 16 years of age, this consent must be signed by a parent or legal guardian.

Signed(Parent/Guardian) Date

Signed(Chiropractor Signature) Date

RISK FACTORS

| | |
|---|----------------|
| Cervical Spine (Neck) | |
| (temporary) Radiculopathy associated with disc injury | 1:139 000 |
| Vascular injury | 1:5.85 million |
| Lumbar Spine | |
| - Disc injury with radiating pain | 1:62 000 |
| Radiculopathy | 1:188 000 |
| Cauna Equina Syndrome | 1:565 000 |

IN COMPARISON

| | |
|--|--------------------|
| Hospitalisation for Gastro intestinal bleeding (NSAID) (following one month medication) | 1:250 |
| Deaths associated with NSAID's (US)(AUS) | 3200p.a./360p.a. |
| Deaths from general anaesthetic | 1:1250 |
| Death from cancer (all kinds) | 1:5550 |
| Injury from Motor Vehicle accidents | 1:9300 |
| Hospitalisation for adverse drug reactions | 20000 to 25000p.a. |