

Confidential Patient History Information

Name _____ Date ____ / ____ / ____ dd/mm/yyyy

Address _____ City _____ Prov. _____ Postal Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Date of Birth: dd ____ mm ____ yyyy ____ Age ____ Marital Status: S M D W Sep. (circle one)

Email _____ Would you like to receive our e-newsletter Yes No

Occupation _____ Employer _____

Spouses' Name _____ Children _____

Please tell us who referred you. _____ or how you heard about our office.

Family member Friend MD RMT Sign Yellow Pages Local Phone Book Other

Family Doctor _____ Specialists _____

Other Health Providers _____

Prior Chiropractic Care: Name _____ When _____ Why _____

Reason for your Visit: What is your major complaint? _____

When did it start? _____ Have you had this condition before? _____

Is it a work related injury (WSIB claim) Yes No Motor Vehicle injury claim Yes No

Do you have Extended Health coverage? € Yes € No Company Name _____

Is this condition interfering with your: Work Sleep Daily Routine Exercise Other _____

Character of your pain: sharp dull ache burning throbbing numbness stiffness cramping pressure

Is it getting: worse staying the same better Is it: constant comes and goes € radiating

Please circle the severity of your pain: least - 0 1 2 3 4 5 6 7 8 9 10 – worst

Do you have any secondary complaints _____?

Previous serious accidents/injuries with date(s) _____

Are you wearing: heel lifts shoe inserts arch supports custom orthotics _____ for how long?

What are your treatment goals? (check all that apply)

- Relief care only – reduces pain and stabilizes your condition.
- Rehabilitative care – to correct the underlying problem, improve muscle strength and joint function.
- Preventative care – to maintain the benefits you have achieved and reduce the likelihood of future problems.

Dr. Jeff Kinnersly, BSc., D.C.

Family Health History

Many health problems are the result of hereditary factors. Information about your family members will give us a better understanding of your total health picture.

Name	Relationship	Past and Present Health Problems

Lifestyle Factors – Please check the appropriate box

	None	Light	Moderate	Heavy
Exercise				
Sleep				
Stress				
Tobacco				
Alcohol				
Caffeine				
Junk food				

Health Screening and Testing

Test	Date	Of what region	Results
X-rays			
Cat Scan			
MRI			
Bone Density			

Medications

Reason	Name	Reason	Name
Pain Relief		Diabetes	
Anti-inflammatory		Thyroid	
Muscle relaxant		Other	
Blood pressure			
Blood thinner			
Heart			
Cholesterol			

Supplements

Surgical History

Surgery	Date	Surgery	Date
Hip replacement L R		Bowel	
Knee replacement L R		Thyroid	
Spinal surgery		Gallbladder	
Fractures(surgical repair)		C-section	
Shoulder L R		Hysterectomy	
Knee L R		Other	
Carpal tunnel L R			
Heart			

CONFIDENTIAL HEALTH REPORT

Please circle any conditions presently causing you problems. Please check (X) any conditions that were a problem in the past.

General Symptoms

- Headache/Migraine
- Fever
- Sweats/Chills
- Fainting
- Dizziness/vertigo
- Loss of sleep
- Tremors/seizures
- Anxiety/depression
- Mood swings
- Memory changes
- Difficulty concentrating
- Numbness/weakness
- Pins and needles
- Fatigue
- Neuralgia (nerve pain)
- Loss of balance

Muscles and Joints

- Osteoarthritis
- Arthritis _____(type)
- Osteoporosis
- Red or swollen joints
- Bursitis/Tendonitis
- Low back pain
- Sciatica
- Neck pain or stiffness
- Pain between shoulders
- Pain and numbness in:
- Shoulders/arms
- Elbows/hands
- Hips/legs
- Knees/feet
- Painful tail bone
- Poor posture
- Spinal curvature
- Jaw pain/clicking
- Fibromyalgia
- Multiple sclerosis
- Parkinson's

E.E.N.T.

- Vision changes
- Eye pain
- Deafness/hearing aids
- Frequent colds
- Sinus/ear infections
- Enlarged glands
- Tinnitus (ringing ears)
- Nose bleeds
- Thyroid

Skin

- Rashes/itching
- Bruise easily
- Dryness
- Eczema/Psoriasis

Respiratory

- Chronic cough
- Spitting up blood
- Chest pain
- Shortness of breath
- Snoring
- Sleep apnea
- Asthma
- Pneumonia
- Tuberculosis

Cardiovascular

- Rapid/irregular heartbeat
- Pacemaker
- High blood pressure
- Low blood pressure
- Angina
- Heart attack
- Stroke/TIA
- High cholesterol
- Poor circulation
- Varicose veins
- Swollen ankles
- Blood clotting/bleeding disorder

Genitourinary

- Difficulty with/frequent urination
- Blood in urine
- Kidney infection/stones
- Prostate problems

For Women Only

- Painful menstruation/cramping
- Menopause symptoms
- Irregular cycle
- Pregnant Yes No
- Post-menopausal

Gastrointestinal

- Diabetes
- Low blood sugar
- Anemia
- Poor appetite
- Indigestion/heartburn
- Excessive thirst
- Bloating/gas
- Nausea/vomiting
- Abdominal pain
- Ulcers
- Constipation/Diarrhea
- Colitis/Irritable bowel
- Jaundice/Hepatitis A B C
- Gall bladder

Cancer:

Allergies

- Environmental: _____
- _____
- Food: _____
- Drug: _____
- Latex Yes No

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 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 or 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 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 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 include consulting other health professionals. Your chiropractor may also prescribe rest with 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): _____

Signature of Patient: _____
(or legal guardian)

Date: _____, 2015

Signature of Chiropractor: _____

Date: _____, 2015