

Patient Name _____ File # _____

WELCOME

TO THE MILLER CHIROPRACTIC CLINIC

We are pleased that you have chosen to consult us regarding your health. In order to help us evaluate your condition thoroughly, please complete the following form. This information is important so we ask that you be accurate. Please ask for assistance if you are unsure of any aspect of the questionnaire.

NAME _____

ADDRESS _____

CITY _____ **POSTAL CODE** _____

DATE OF BIRTH _____ **HEALTH CARD** _____

CIRCLE ONE: Single/Married/Widowed/Divorced/Separated

NO. OF CHILDREN _____ **SPOUSE'S NAME** _____

OCCUPATION _____

BUSINESS ADDRESS _____

TELEPHONE # HOME _____ **BUSINESS** _____

EMAIL ADDRESS _____

REFERRED TO OUR OFFICE BY: _____

Please Complete all Pages – Thank-you

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CURRENT HEALTH CONDITION

Area of main problem _____

When did this condition begin? _____

Is it getting: Better? _____ Worse? _____ Staying the same? _____

Have you had this before? Yes _____ No _____ When? _____

What treatment did you receive? _____

From whom? _____

Cause of this condition? _____

What aggravates your problem? _____

What alleviates it? _____

Is the problem: Constant? _____ Comes and Goes? _____

Do you sleep on your side? _____ back? _____ stomach? _____

Your medical doctor's name: _____

List ALL current medications: _____

List OTHER supplements (eg. Vitamins) _____

Other areas of complaint _____

Have you been tested HIV Positive? Yes _____ No _____ Not tested _____

How much of the following do you consume daily?

____Cups of coffee ____Cigarettes ____Cups of Tea ____Alcoholic beverages

Do you exercise daily? ____Yes ____No

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PAST HEALTH HISTORY

List any surgery you have had, and the year you had it.

Surgery	Date
_____	_____
_____	_____
_____	_____
_____	_____

Describe any bad falls or accidents _____

Have you been in a car accident? Yes ___ No ___ When? _____

Have you ever had Chiropractic care? Yes ___ No ___ If yes, when? _____

Doctor's name and address _____

For what condition? _____

Were x-rays taken? Yes ___ No ___ Not Sure ___

Below are listed a number of conditions which may seem unrelated to the purpose of your appointment. However these questions must be answered carefully as these problems can affect the overall course of your Chiropractic care.

CIRCLE ANY OF THE FOLLOWING YOU MAY HAVE HAD:

- | | | |
|-----------------|-----------------|------------------|
| Pneumonia | Mumps | Influenza |
| Polio | Small Pox | Pleurisy |
| Tuberculosis | Chicken Pox | Arthritis |
| Rheumatic Fever | Diabetes | Epilepsy |
| Whooping Cough | Cancer | Mental Disorders |
| Anemia | Heart Disease | Psoriasis |
| Measles | Thyroid Disease | Eczema |

People go to Chiropractors for a variety of reasons. Some seek care for relief of pain and discomfort only. Others wish to correct the underlying cause of the problem, to increase their health potential and prevent the problem from returning. Please **circle** which type of care you are seeking:

CORRECTION or **RELIEF CARE**

CIRCLE ANY OF THE FOLLOWING YOU HAVE HAD IN THE PAST 6 MONTHS:

MUSCULOSKELETAL

Low back pain
Pain between shoulders
Neck pain Arm Pain
Join pain/stiffness
Leg pain Jaw pain/clicking

NERVOUS SYSTEM

Numbness in arms/legs
Paralysis Dizziness
Forgetfulness
Confusion/Depression
Fainting Convulsions
Cold/Tingling arms or legs

Stress Headaches

GENERAL

Fatigue Allergies
Loss of sleep
Irritability Fever

GASTROINTESTINAL

Poor/Excessive appetite
Increased thirst
Nausea Vomiting
Diarrhea Constipation
Hemorrhoids Colitis
Liver problems
Gall Bladder problems
Weight problems
Heartburn
Gas/Bloating after meals
Black/Bloody stool

GENITOURINARY PROBLEMS

Bladder trouble
Painful/Excessive urination
Discoloured urine

CARDIOVASCULAR PROBLEMS

Chest pain Shortness of breath
Stroke Varicose Veins
Ankle Swelling Irregular heartbeat
Blood pressure problems
Lung congestion/problems
Heart problems

EAR, EYE, NOSE, THROAT

Vision problems Dental problems
Sore throat Ear aches
Stuffy nose Sinus problems
Hearing difficult

MALE/FEMALE SYSTEMS

Menstrual irregularity/cramps
Vaginal pain/infection
Breast pain/lumps
Prostate/sexual dysfunction

FEMALES ONLY

Date of ONSET of last period

Are you pregnant? Yes _____

No _____ Not Sure _____

FAMILY

Has anyone in your family had a condition similar to yours?
____ 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 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.

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.

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:

- a) 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.
- b) 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.
- c) 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.
- d) 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.
- e) 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.

f) 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.

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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 to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

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.

Patient/Guardian Name (Please Print)

Signature of Patient (or legal guardian) Date: _____ 20____

Signature of Chiropractor Date: _____ 20____