WELCOME TO CHIROPRACTIC HEALTH CENTRE
YOUR CONFIDENTIAL INFORMATION

60+

Name:	Date:	
Address:	Suburb:	Postcode:
Home Phone:	Work Phone:	Mobile:
DOB: Age:	Email:……………………………………	
Marital Status: M Defacto W D S	☐ Tick if you **do not** wish to receive information by email	
Occupation:	Employer:	
Partners Name:	Partner's Occupation:	
Children's Names and Ages:		
Do you have Private Health Cover? Yes No	Which One?	
Your Medicare No:	Exp. Date:	Reference No:
Your Previous Chiropractor's Name:	Date of Last Visit:	
Who Recommended You To Our Centre?		

Most people, including children, have experienced many things that could cause spinal misalignments or "Vertebral Subluxations".
Vertebral Subluxation affects your nervous system which affects your whole health.

Please describe your **primary health concerns** or reasons for consulting our office:

1.____________________________________ for how long? ________________

2.____________________________________ for how long? ________________

3.____________________________________ for how long? ________________

What do you think caused this problem(s)? ______________________________

Other Doctors you have seen for this condition(s)? __________________________

Please tick/circle any of the following symptoms you have experienced:

☐Neck pain / stiffness
☐ Numbness/Tingling in arms/hands
☐ Dizziness / Ringing in ears
☐ Headaches
☐Migraines
☐ Difficulty Sleeping
☐ Allergies
☐ Sinus
☐ Depression
☐ Recurrent Colds
☐ Low Back Pain
☐Asthma
☐Pain between shoulders
☐Chest Pain
☐ Reflux
☐ Digestive problems
☐ Weight Problems
☐ Fatigue
☐ Hearing Loss
☐ Carpal Tunnel
☐ Poor Circulation
☐ Leg pain / Cramps
☐Numbness / tingling in legs or feet
☐ Hip Pain
☐ Constipation / Diarrhoea
☐ Difficult / frequent urination
☐ High / Low Blood Pressure
☐ Kidney Problems
☐ Thyroid Problems
☐ Poor Vision
☐ Arthritis

Does this cause you to be: (please circle)

Moody Irritable Have interrupted sleep Be restricted in daily activities

How does this affect your life? (please circle)

Results in poor attitude? Are you exhausted at the end of the day?

Hinders participation in sport/exercise? Restricted in household duties?

Do you lose patience with spouse and/or children? In decision making?

List ALL **surgeries**. What year? …………………………………………………………………………

………

………

List ALL **medications** you currently take (including vitamins,herbs):……………………………………..

………

………

Have you ever been diagnosed with any of the following (please circle) If YES indicate when:

* Cancer *Heart Disease *Diabetes *Stroke *Heart Attack *Other ………………….

Accident and Trauma History

Motor Vehicle Accidents (Did you know that the maximum speed to cause Subluxation is only 13km/hr)

1. When?........................ What Speed?........................ Impact? *Front side back stationery*

   Injuries ……………………………………… Treatment? …………………………………………

2. When?........................ What Speed?........................ Impact? *Front side back stationery*

   Injuries ……………………………………… Treatment? …………………………………………

Childhood Injuries

Do you recall any significant falls/accidents/injuries as a child/teenager? When? (year)

………..

Other falls, slips, accidents and injuries

Briefly describe your most recent falls, slips or incidents you can recall.

1. When?.................................. What happened? ……………………………………………………..

Injuries? …………………………………….. Treatment?...

2. When?.................................. What happened? ……………………………………………………..

Injuries? …………………………………….. Treatment?...

Do you use any of the following? ☐ Orthotics ☐ Heel Lift ☐ Arch Supports

Informed Consent

Changes to the law now require all practitioners who adjust the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to stroke or stroke-like symptoms (approx. 1 in 5.85million)[1]. Whilst this has never occurred in this practice, we are still required to warn you.

In other extremely rare circumstances there may be strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (less than 1 in 62,000)[2]. Chiropractic adjustments of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives[3].

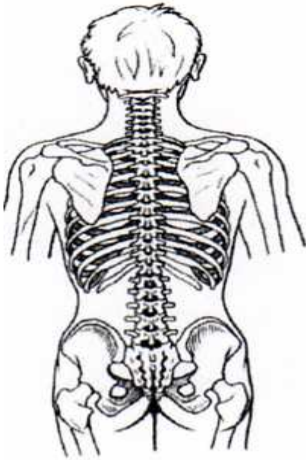
We use very gentle techniques to miminise these risks. Should our chiropractor accept your case for chiropractic care and you have any questions related to the treatment you may receive, please contact this office immediately.

1. Neck Manipulations. Haldeman, et al. Spine vol 24-8, 1999 2. Dvorak Study in Principles and Practice of Chiropractic, Haldeman, 2nd Ed
3. A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.

Based on the information provided I consent to receiving chiropractic care by a registered Chiropractor in this centre, and I acknowledge that I have read and understood the information contained in this document. I understand that I can withdraw my consent at any time.

The above information is true and accurate to the best of my knowledge.

Patient or Carer Signature :………………………………………….. Date:…………………………..



Office Use Only

L ……………. R……………….
☐ FHP ☐ L☐ R Pronation ☐ L ☐ R VAT

Notes: ………………………………………………
…………………………………………………….
…………………………………………………….
R1 Call: ……………………………………………..