



Patient Name: \_\_\_\_\_

## About Your Health

The human body is designed to be healthy. There are many events that occur and habits that we pick up throughout our lifetime that may not allow us to maximize the expression of our optimum health potential. Please take a moment now to fill out these few simple questions so that we might better understand your overall health picture and develop an appreciation of the layers of damage that may exist in your body which are helping to block your body's innate ability to be well and healthy.

### Symptoms and Ill Health

As the years go by and the layers of damage increase, it is common to begin to experience symptoms and random bouts of ill health until we are brought to our present state of health.

Present reason for consulting our office:

- Correction and prevention of existing problem?
- Maximizing personal and / or family health potential?

If you have a specific chief complaint, please describe briefly. *If not, please go to next page.*

\_\_\_\_\_  
\_\_\_\_\_

How and when did this problem start? \_\_\_\_\_

\_\_\_\_\_

Does the pain radiate or travel anywhere else? \_\_\_\_\_

Is the problem...       constant                       intermittent                       worse with movement  
Is condition worse...  in the A.M.                       in the P.M.                       no change

Is the condition interfering with...  
 sleep                       work                       routine                       other \_\_\_\_\_

Is condition getting progressively worse?       Yes                       No

Pain is...                       sharp                       dull                       throbbing  
 aching                       shooting                       nagging                       other \_\_\_\_\_

What aggravates your condition / pain? \_\_\_\_\_

What relieves your condition / pain? \_\_\_\_\_

If your condition was treated in the past, please describe treatment and results. \_\_\_\_\_

\_\_\_\_\_

Have you had x-rays taken of this area?       Yes       No

Secondary complaints? \_\_\_\_\_

\_\_\_\_\_

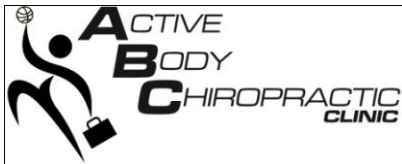


Patient Name:	
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## About Your Care

Chiropractic provides three types of care. The first is Initial Intensive Care, which corrects the most recent layer of Spinal and Neurological damage. This care usually reduces or eliminates the symptoms. Then begins Reconstructive Care, which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to Wellness Care. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.

Events and habits		
NEONATAL TO ADULT: Many problems have roots in early spinal and/or neurological damage.		
Yes	No	
1. PREGNANCY: Did your mother....		
<input type="checkbox"/>	<input type="checkbox"/>	Experience any falls /injuries during pregnancy? _____
<input type="checkbox"/>	<input type="checkbox"/>	Experience distress during delivery? _____
<input type="checkbox"/>	<input type="checkbox"/>	Experience any prolonged illness? _____
2. GROWING YEARS		
<input type="checkbox"/>	<input type="checkbox"/>	Were you taught how to care for your spine? _____
<input type="checkbox"/>	<input type="checkbox"/>	Any notable falls? _____
<input type="checkbox"/>	<input type="checkbox"/>	Any significant childhood injuries or illnesses? _____
<input type="checkbox"/>	<input type="checkbox"/>	Any childhood surgeries _____
<input type="checkbox"/>	<input type="checkbox"/>	Any prolonged medications? _____
<input type="checkbox"/>	<input type="checkbox"/>	Mental or physical abuse? _____
3. ADULTHOOD		
<input type="checkbox"/>	<input type="checkbox"/>	Ever in a motor vehicle accident? _____
		If yes, When? _____
		Any trauma or symptoms? _____
<input type="checkbox"/>	<input type="checkbox"/>	Any notable falls or injuries as an adult? _____
<input type="checkbox"/>	<input type="checkbox"/>	Any bone fractures / surgery? _____
<input type="checkbox"/>	<input type="checkbox"/>	Hobby or sports injuries? _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke? _____
<input type="checkbox"/>	<input type="checkbox"/>	Drink alcohol? _____
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekends <input type="checkbox"/> Sporadically
<input type="checkbox"/>	<input type="checkbox"/>	Exercise regularly? _____
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekends <input type="checkbox"/> Sporadically
<input type="checkbox"/>	<input type="checkbox"/>	Proper posture? _____
<input type="checkbox"/>	<input type="checkbox"/>	Eat as healthy as you think you should? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you or have ever been overweight? _____
<input type="checkbox"/>	<input type="checkbox"/>	Occupational stress? _____
<input type="checkbox"/>	<input type="checkbox"/>	Repetitive lifting / bending? _____
<input type="checkbox"/>	<input type="checkbox"/>	Continuous sitting / standing? _____
<input type="checkbox"/>	<input type="checkbox"/>	Extensive computer work? _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical stress? _____
<input type="checkbox"/>	<input type="checkbox"/>	Mental stress? _____
<input type="checkbox"/>	<input type="checkbox"/>	Other traumas or problems? _____
		Sleep posture - <input type="checkbox"/> side <input type="checkbox"/> back <input type="checkbox"/> stomach _____



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**CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION**  
**Informed Consent to Chiropractic Treatment FORM - L** CCPA09.08

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment;
- d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Print Name of Patient or Legal Guardian

\_\_\_\_\_ Signature of Patient or Legal Guardian

\_\_\_\_\_ Witness of Signature

Dates Reviewed

Date _____	Signature _____	Witness _____
Date _____	Signature _____	Witness _____
Date _____	Signature _____	Witness _____
Date _____	Signature _____	Witness _____

