

MOOROOKA CHIROPRACTIC CENTRE

WELCOME TO OUR PRACTICE

MR/MRS/MS Surname _____ First Name _____

Address _____

Suburb _____ P/Code _____ D/O/B _____

Phone: Work _____ Home _____ Mobile _____

Email: _____

Occupation _____ Marital status _____ Partners Name _____ No of children _____

Who can we thank for referring you to our centre? _____

Major complaint _____

Date of onset _____ Has this occurred before? _____ How often? _____ When? _____

What caused this complaint? _____

Have you ever received Chiropractic care? _____ When? _____

Previous Chiropractors name? _____ How effective was this treatment? _____

Have you received any other treatment for this complaint? _____

Previous X-Rays? _____ What was X-Rayed & When? _____

Is this a Workers Compensation Claim, Third Party Claim or Dept of Veteran Affairs Claim ? _____

Claim No. _____ and Claim Officer: _____

If so do you have your GP's referral? _____ GP's Name: _____

Chiropractic may help a number of problems you are not aware of.

Have you **P**reviously suffered or are you **C**urrently suffering from any of the following:

P **C**

- Dizziness
- Headaches
- Sinusitis
- Migraines
- Ear Disorder
- Eye Disorder
- Jaw Pain
- Sore Throats
- Stiff Neck
- Arthritis
- Arm Pain
- Hand Pain
- Finger Numbness

P **C**

- Chest Pain
- Nausea
- Heartburn/Indigestion
- Ulcer
- Allergies
- Asthma
- Mid Back Pain
- Shoulder Pain/Stiffness
- Blood Pressure
- Constipation
- Diarrhoea
- Rib pain
- Scoliosis

P **C**

- Frequent Urination
- Bedwetting
- Menstrual difficulties
- Low Back Pain/Stiffness
- Prostate Trouble
- Testicular Pain
- Sexual Disorders
- Hip Joint Stiffness
- Buttock Pain
- Leg Pain
- Leg Numbness or Tingling
- Foot Pain
- Kidney Pain

At Moorooka Chiropractic we are devoted to educating and adjusting your family towards optimal health, through natural Chiropractic Care.

PATIENT INFORMATION

Changes to the law now require all practitioners who manipulate 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 1.85 mil. neck manipulations. Haldeman, et al. Spine vol 24-8-1999) whilst this has never occurred in this practice, we are still required to warn. If any adjustments (manipulation) are required you will be tested beforehand as has always been our practice.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the lower back (1 in 62,000).

Chiropractic adjustments (manipulation) of the spine are internationally recognised as being far safer in dealing with neck and lower back pain than medication and many other alternatives. (A risk Assessment of Cervical Manipulation, JMP, 1995. Manga Report, Ontario Ministry of Health, 1993).

If you have any questions related to the treatment you are about to receive, please speak to the Chiropractor.

PRIVACY POLICY STATEMENT

In accordance with the new Privacy act, all information relative to your case is held in total confidence.

However, your consent is necessary to allow us to exchange information between chiropractors within this clinic. Also when appropriate, relative information regarding your case may be sent to other medical and healthcare practitioners for the proper and effective management of your condition.

FINANCIAL POLICY

As a courtesy to this practice we would appreciate payment at the time of consultation. If you are unable to keep an appointment prior notice is required. Failure to give sufficient notice may incur a missed appointment fee.

I have read and understand the above information and give my consent to commence treatment.

Patient's signature _____ **Print name** _____

Chiropractor's signature _____ **Date** _____