

*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** | **P** | **C** | **P** | **C** |  |
|  | Dizziness |  |  | Chest Pain  |  | Frequent Urination |
|  | Headaches |  |  | Nausea  |  | Bedwetting |
|  | Sinusitis |  |  | Heartburn/Indigestion  |  | Menstrual difficulties |
|  | Migraines |  |  | Ulcer  |  | Low Back Pain/Stiffness |
|  | Ear Disorder |  |  | Allergies  |  | Prostate Trouble |
|  | Eye Disorder |  |  | Asthma  |  | Testicular Pain |
|  | Jaw Pain |  |  | Mid Back Pain  |  | Sexual Disorders |
|  | Sore Throats |  |  | Shoulder Pain/Stiffness  |  | Hip Joint Stiffness |
|  | Stiff Neck |  |  | Blood Pressure  |  | Buttock Pain |
|  | Arthritis |  |  | Constipation  |  | Leg Pain |
|  | Arm Pain |  |  | Diarrhoea  |  | Leg Numbness or Tingling |
|  | Hand Pain |  |  | Rib pain  |  | Foot Pain |
|  | Finger Numbness |  |  | Scoliosis  |  | Kidney Pain |

## 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**