



HOLISTIC WELLNESS
OTTAWA

Chiropractic Intake

Dr Stacia Kelly

Confidential Patient Information

First Name: _____ Last Name: _____

Date of Birth (DD/MM/YYYY) _____ Age: _____ Gender: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone (home): _____ work: _____ cell: _____

Marital Status: _____ Occupation: _____ Employer: _____

Height: _____ Weight: _____

How did you hear about the clinic (or who)? _____

Have you ever received Chiropractic Care? If so, when/who _____

Reason for Visit

What is your major current complaint(s)? _____

When did this start/how long? _____

Have you had similar condition on the past? If Yes, When? _____

Are you experiencing any numbness or tingling? If Yes, Where? _____

What activities aggravate your complaint? _____

Other Doctors/ Therapists seen for this condition? _____

Have you had x-rays taken? _____

Is this condition a result of a motor vehicle or work related accident? _____

Current Medical Information

(Please check if you have now or had in the past)

Headaches	Pins & Needles in legs	Fainting
Neck pain	Pins & Needles in arms	Loss of smell
Sleeping Problems	Numbness in fingers	Loss of taste
Back pain	Numbness in toes	Diarrhea
Nervousness	Shortness of breath	Cold feet
Tension	Fatigue	Cold Hands
Irritability	Depression	Stomach upset
Chest pain	Lights bother eyes	Constipation
Dizziness	Loss of memory	Cold sweats
Face flushed	Ringing in the ears	Loss of balance

Family Physician Name and address: _____

May we contact your physician? Yes No Last Physical Exam Date: _____

Current medications: _____

Past Serious Injuries: _____

Past Surgeries/Hospitalizations: _____

Sport injuries? Traumas? Fractures? Sprains? _____

Allergies/Sensitivities? _____

Number of Pregnancies (if applicable)? _____

Do you Exercise? (What type?) _____

Do you smoke? _____ Drink Alcohol? _____

Age of Mattress? _____

Sleeping posture (side/stomach/back): _____

Do you currently have custom foot orthotics? _____

Family History

Father's Side

Mother's Side

Heart Disease

Yes

Yes

Arthritis

Yes

Yes

Cancer

Yes

Yes

Diabetes

Yes

Yes

Stroke

Yes

Yes

High Blood Pressure

Yes

Yes

Other

Yes

Yes

Accident Information (if Applicable)

Have you been an accident recently? (within the last year) Yes No

Work Auto Other Date _____ Nature of Accident _____

Did you experience any symptoms after the accident? What? _____

Did you feel popping or tearing noise in back of your neck? Explain _____

Did you require post-accident hospitalization? _____

Where? _____ When? _____ X-rays Taken? _____

Have you lost days at work? _____ Dates _____

Is insurance involved? _____ Which company, address: _____

Attorney's name, if any _____ Claim # _____

Comments (Office use only) _____

Have you been in an accident(s) in the past ? (over 1 year ago) Yes No

Work Auto Other Date _____

Details of the accidents(s) / Date(s) _____



CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

CONSENT TO CHIROPRACTIC TREATMENT – FORM L

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.

Benefits

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.

Risks

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:

- **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.
- **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.
- **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.
- **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.
- **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.

- **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.

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

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

Questions or Concerns

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.

Name (Please Print)

Date: _____ 20____.

Signature of patient (or legal guardian)

Date: _____ 20____.

Signature of Chiropractor

Date: _____ 20____.