Temple Crossing Chiropractic and Massage
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www.templechiro.com

Outline of Procedure for New Practice Members

1. **STEP ONE:**
All new patients are requested to fill out a personal health/history questionnaire

2. **STEP TWO:**
Your first consultation with the doctor to discuss your health problems.

3. **STEP THREE:**
Chiropractic examination and Orthopedic and Neurological examinations as related to chiropractic to determine chiropractic care for you.

4. **STEP FOUR:**
The doctor will advise you as to the need of additional procedures such as X-Ray tests if necessary.

5. **STEP FIVE:**
You will be given a "***Report of Findings***". The doctor will inform you as to your examination results. You will also be advised concerning financial arrangements and insurance coverage as appropriate.

6. **STEP SIX:**
After you receive your report of findings, your recommended course of care will be explained to you.

7. **STEP SEVEN:**
Adjustments will begin and continue as scheduled until maximum correction for you has been obtained.

8. **STEP EIGHT:**
A re-evaluation to quantify your spinal health progress will be completed and your care program may be modified.

9. **STEP NINE:**
After maximum correction, a schedule of wellness care will be recommended.

PERSONAL HISTORY

Dear Practice Member:
Please complete this questionnaire. Your answers will help determine if Chiropractic can help you. Please answer ALL questions, even if they seem unrelated to your case. There are conditions Chiropractic can help that you may be unaware of. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case.

Name:_____Date:_____Sex: M / F

A.H.C. Ins. No._____ Phone: Home_____ Office_____ Cell_____

Address _____Postal Code_____

Marital Status:_____Age:_____Weight:_____Height:_____Children_____

Birthdate:_____Birthplace:_____Occupation:_____

Employer:_____ Family M.D._____

Referred to this office by: _____Email address:_____

Who is responsible for your bill? ☐ Self ☐ Spouse ☐ Parent or Guardian ☐ Other_____

Third Party Insurance (London Life, Great West, Blue Cross, etc.) _____

Emergency Contact: _____

CURRENT HEALTH CONDITION

Present Complaint: _____

Have you had any previous treatment for this condition? _____

When did this condition begin? _____

Are there others in you family with this same condition? _____

Have you had any time loss from work for this condition? (If recent list dates) _____

Is this a WCB Case? _____ If yes-SIN and date of accident_____

Are you presently taking medication? (please mention) _____

When is the last time you really felt well? _____

How important is your health to you on a scale of 1 – 10, 10 being the most important? _____

PAST HEALTH HISTORY

Major surgery/operations: ☐ Appendix ☐ Tonsils ☐ Gall Bladder ☐ Hernia
☐ Heart ☐ Back ☐ Neck ☐ Leg ☐ Other_____

Major accidents or falls: (please describe) _____

_____

Previous Chiropractic Care: Doctor's name and approximate date of last visit_____

Have you been treated for any health condition in the last year? ☐ Yes ☐ No

If yes, please explain _____

Check any conditions which are presently causing you a problem.
Please underline which were a problem in the past.

GENERAL

- ☐headache
- ☐numbness or pain in arms or legs
- ☐dizziness
- ☐ringing in ears
- ☐whiplash
- ☐fainting
- ☐earache
- ☐sore throat
- ☐nose bleeds
- ☐sinus problems
- ☐asthma
- ☐enlarged glands
- ☐loss of weight
- ☐hypoglycemia
- ☐nervousness
- ☐depression/confusion
- ☐vision problems
- ☐dental problems
- ☐hearing problems

ORGANS

- ☐frequent urination
- ☐painful urination
- ☐blood in urine
- ☐bladder trouble
- ☐kidney stones
- ☐bed wetting
- ☐prostate problems
- ☐sexual dysfunction
- ☐anemia
- ☐thyroid
- ☐excessive appetite
- ☐gas/bloating
- ☐nausea or vomiting
- ☐constipation/diarrhea
- ☐colitis
- ☐black/bloody stool
- ☐hemorrhoids
- ☐liver trouble
- ☐gall bladder trouble

SKIN

- ☐eczema
- ☐skin eruptions
- ☐varicose veins

MUSCLE & JOINT

- ☐low back problems
- ☐neck problems
- ☐sore joints
- ☐painful tailbone
- ☐pain between shoulders
- ☐arthritis
- ☐sore muscles
- ☐walking problems
- ☐broken bones
- ☐difficulty chewing/ clicking jaw
- ☐ankle swelling

RESPIRATORY & HEART

- ☐lung problems
- ☐chronic cough
- ☐spit up blood
- ☐frequent colds/flu
- ☐shortness of breath/ difficult breathing
- ☐heart problems

FEMALES ONLY

- ☐painful periods
- ☐irregular cycle
- ☐cramps, backache
- ☐vaginal discharge/infection
- ☐lumps/pain in breast
- ☐menopausal symptoms
- ☐previous miscarriage
- ☐unable to get pregnant
- ☐hot flashes
- ☐Birth Control?
- ☐are you pregnant?
- ☐yes ☐no ☐not sure
- ☐when was your last period?

_____

Check any of the following conditions you have had:

☐alcoholism ☐epilepsy ☐sexually transmitted diseases ☐stroke ☐arthritis ☐hypoglycemia
☐tuberculosis ☐rheumatic fever ☐diabetes ☐cancer ☐allergies ☐heart disease

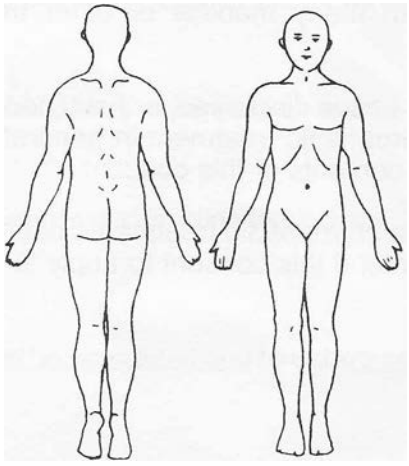
Has anyone in your family had any of the following diseases?

☐heart disease ☐high blood pressure ☐cancer ☐stroke ☐arthritis

HABITS

	None	Light	Moderate	Heavy
Exercise	☐	☐	☐	☐
Sleep	☐	☐	☐	☐
Coffee	☐	☐	☐	☐
Tea	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐
Junk Food	☐	☐	☐	☐
Stress	☐	☐	☐	☐

Please outline on the diagram the area of your discomfort.



Why Chiropractic? People go to chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (**Relief Care)**. Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (**Corrective Care**). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Chiropractic Care (**Wellness**). These are the three phases of care. Your doctor will weigh your needs and desires when recommending your schedule of care. However, this prepared recommendation is in incorporation of all three phases.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

☐ Relief/Initial intensive care ☐ Corrective/Rehabilitative care ☐ Wellness/Maintenance care

☐ Check here if you want the doctor to select the type of care appropriate for your condition.

CONSENT TO CHIROPRACTIC TREATMENT

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.

_____ Date: _____ 20_____
Name (Please Print)

_____ Date: _____ 20_____
Signature of patient (or legal guardian)

_____ Date: _____20_____
Signature of Chiropractor