



PROACTIVE HEALTH GROUP

PROFESSIONAL HEALTH CARE FOR THE ACTIVE INDIVIDUAL

Date _____

Name _____ / _____ / _____
last first middle initial

Personal Health # _____ - _____ Male Female

Home Address _____

City _____ Postal Code _____ Home Telephone # _____

Business Telephone # _____ Cell # _____

E-Mail Address _____

Best way to contact you: Home # Work # Cell # Email

Birth Date _____ / _____ / _____ Marital Status M S W D
Y M D

Emergency Contact Name, Address, Phone# _____

Occupation & Company Name _____

Physician's (G.P) Name, Address, Phone# _____

Date of last physical examination _____ / _____ / _____
Y M D

On occasion, our practitioners will communicate your clinical condition with your Physician.

Do you have health insurance other than Alberta Health Care? Yes No

How did you first find out about the clinic?

Patient Referral * Health Care Event Internet Search Physician Referral *

Walk In Sport Team Referral * Trainer Referral * Website Other *

* Please specify the name of the person referring you: _____

Welcome to the clinic. Please complete the following questionnaire. Your answers will help determine if chiropractic care can help you. If we do not believe your condition will respond satisfactorily, we will refer you to the appropriate health-care provider.

HEALTH INFORMATION

1. What are your treatment goals?

2. In your own words, please describe your chief complaint and when you first noticed the problem.

3. What seems to make the problem better?

4. What seems to make the problem worse?

5. What type of pain is it? (Please check)

Sharp Stabbing Achy Burning Dull Diffuse Localized

6. Does the pain radiate? Yes No

7. At what time of the day does it seem to be at its worst? _____

8. Has this problem been treated before? How? _____

9. Have you had any previous chiropractic care? Yes No

If so; reason: _____

10. Has imaging been completed? Yes No

If yes, please check the appropriate imaging:

X-Ray MRI CT Ultrasound Bone Scan

11. Is this condition a result of? (Please check)

Motor Vehicle Accident Workers Compensation Board Claim

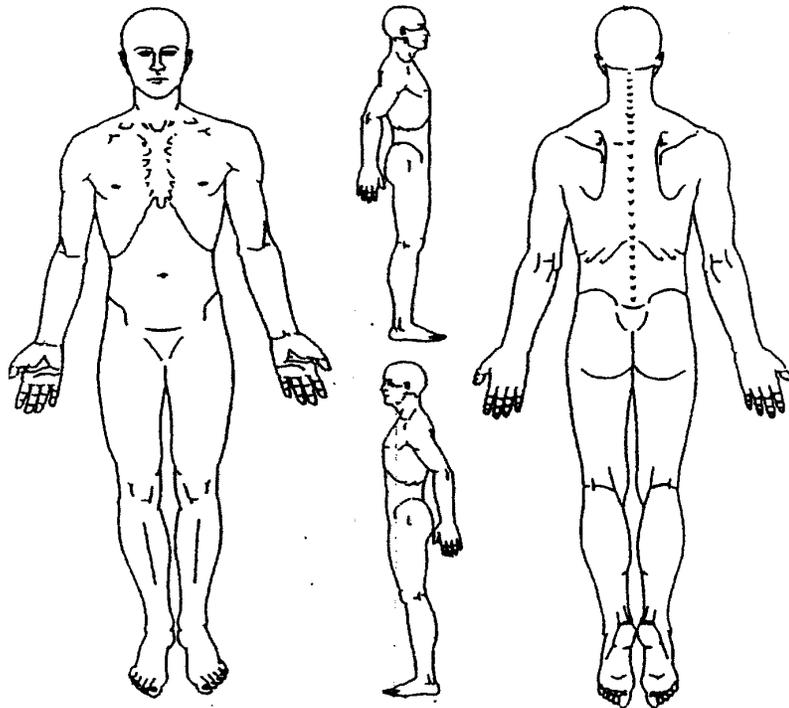
USING THE SCALE PROVIDED BELOW; RATE THE PAIN YOU ARE EXPERIENCING NOW!

No pain-0 ___1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___10-Unbearable

DRAWING OF AREAS OF CONCERN

MARK THE AREAS OF YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS.
USE THE APPROPRIATE SYMBOL, INCLUDE **ALL** AFFECTED AREAS.

- Ache \\\
- Numbness +++
- Pins and Needles ooo
- Burning bbb
- Stabbing sss



PHYSICAL HISTORY

Please **mark 1** beside the condition you **have had** in the past

Please **mark 2** beside the condition you **presently have**

Musculoskeletal system

- neck problems
- upper back problems
- shoulder problems
- elbow/wrist problems
- low back problems
- knee problems
- ankle/foot
- arthritis

Nervous system

- numbness
- loss of feeling
- headaches
- dizziness
- fainting
- confusion
- depression
- forgetfulness

Cardio-Vascular-Resp.

- chest pain
- high blood pressure
- difficult breathing
- persistent cough
- coughing phlegm/blood
- lung problems
- varicose veins
- diabetes
- hypoglycemia

Genito-Urinary system

- painful urination
- excessive urine
- scanty urine
- discolored urine

Gastrointestinal system

- poor appetite
- excessive hunger
- abdominal pain
- excessive thirst
- nausea/vomiting
- diarrhea
- constipation
- bloody/black stool
- liver/gallbladder trouble
- weight trouble

Ear, Eyes, Nose, Throat

- eye problems
- vision problems
- ear discharge
- ear pain
- ear ringing
- hearing loss
- sore throat
- allergies
- hoarseness

Female

- premenstrual syndrome
- vaginal discharge
- vaginal bleeding
- pregnancy
- Breast pain, a/o lumps

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.**

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__

Consent to Release Medical Information

To Whom It May Concern:

This document is my consent to provide and release all and any medical information in your possession including, but not limited to, hospital records, charts, nurses notes, x-rays, laboratory results, results, consultation reports and any other documents forming part of my medical records. Please forward same to:

Patient Name: _____

Patient Signature: _____

Address: _____

Telephone: _____

AHC#: _____

D.O.B. _____

Witness Signature: _____

Dated this _____ day of _____, 20_____.