Confidential Patient Information

Welcome to our practice! Please complete all questions. Thank you.

Date: _____

Name: _____ Sex: M___ F___ Birth Date_____ Age_____

Address: _____ City: _____ Postal Code: _____

Home :(____)_____ Work Phone:(_____)_____ Mobile:(___)_____

Email Address: _____ Occupation:_____

Marital Status (Circle One): M S W D CL Spouses Name: _____

Children's Names and Ages:

1. _____ Age:_____
2. _____ Age:_____
3. _____ Age:_____
4. _____ Age:_____

Whom may we thank for referring you? _____

List your Chief complaints in order of priority:

1. _____ For how long? _____
2. _____ For how long? _____
3. _____ For how long? _____

Is this a result of an auto or work injury? AUTO_____WORK____ NONE_____

a) If yes, when? _____
b) Details of injury:_____

Family Doctor: _____ Telephone number:_____

Medications you currently take:

_____

_____

Surgeries you have had in the past:

_____

_____

_____ _____

Patient or Guardian Signature **Date**

MacAskill Chiropractic and Wellness Centre
500 Dundas Street West.
Whitby Ont. L1N 2M9
Dr.David MacAskill & Dr.Sonam Chahal

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Welcome to our practice! Please complete all questions. Thank you.

Have you ever been to a chiropractor? Yes___ No___ If yes, When?_____

1. For what condition did you receive treatment? _____
2. Did the treatment give you relief? YES_____ NO_____

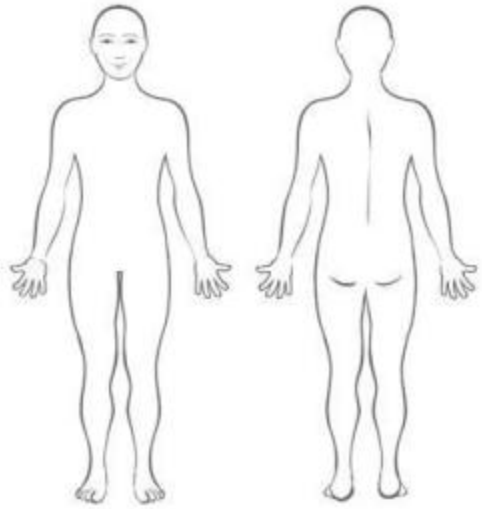
Do you have extended health insurance? Yes____ No____ Name of Company_____

Please check any of the following that pertain to your current health status:

__Cancer
__Low Back Pain
__Leg Pain
__Headaches
__ Neck Pain
__ Joint Pain/ Stiffness
__ Arm Pain
__ Pain Between Shoulders
__ Numbness/ Tingling
__ Heart Disease
__ Chest Pain
__ Short Pain
__ Irregular Heartbeat
__ Blood Pressure Problems
__ Respiratory Problems
__ Allergies
__ Arthirits

__ Stroke
__ Stress
__ Digestive Problems
__ Constipation
__ Diarrhea
__ Hemorrhoids
__ Bladder Trouble
__ Vomiting
__Weight Trouble
__ Liver/ Gall Bladder Problems
__ Excessive Thirst
__ Fatigue/ Loss of Sleep
__ Confusion/ Depression
__ Vision Problems
__ Hearing Problems
__ Sinus Problems

Please outline on the diagram the areas of discomfort



Other problems:

_____
_____
_____

_____ _____

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Lower Limb Biomechanics/ Circulation:

__Varicose Veins	__Leg/foot Swelling	__Spider Veins	__ Leg/Foot pain and tiredness
__Bunions	__ Hammer Toes	__Flat Foot	__High Arch
__Hip/knee pain	__ Diabetic	__Overweight	__Arthritis

Have you ever worn:

Orthotics: __ NO __YES If yes, what year? _____

Compression Hosiery: __ NO __ YES If yes, what year? _____

FEMALES ONLY

When was your last period? _____ Menstrual Problems ___YES___ NO

Are you pregnant? __ YES ___NO Breast Pain/ lumps? _____

a) If yes, due date: _____

I hereby give my permission to undergo a physical examination which has potential to reenact my pain.

The above information is true and accurate to the best of my knowledge.

_____ _____

Patient or Guardian Signature **Date**

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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 the 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 with 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 disc** - Over the course of a lifetime, spinal discs may be 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.

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- **Stroke** - Blood flows to the brain through the two sets of arteries passing through the neck. These arteries may become weakened or 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 and 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 chiropractors 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 YOUR 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 proposed to me.

_____ **Date: _____20____**

Patient or Guardian Signature

_____ **Date: _____20____**

Chiropractor Signature

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