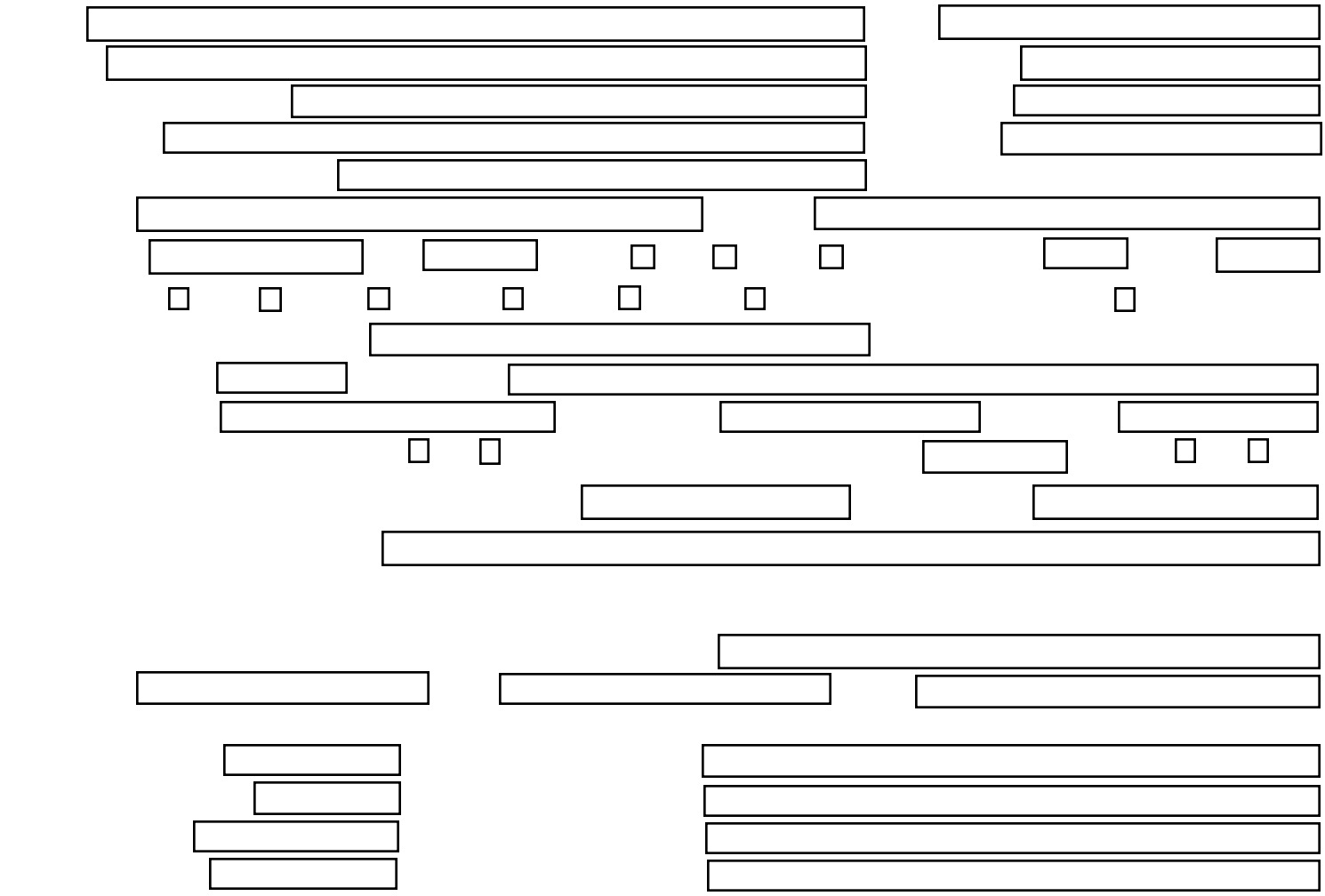

If we find the cause of the problem & can fix it, on a scale of 1-10, how committed are you to achieving optimal health? (Please circle one of the following):

Not Committed				Moderately Committed				100% Committed	
1	2	3	4	5	6	7	8	9	10

Past History

Have you suffered with this or a similar problem in the past? ❑Yes ❑No If yes, how many occurrences? _____

When was the last episode? _____ How did the injury happen? _____

Were other forms of treatment tried: ❑Yes ❑No If yes, please state what type of treatment: _____

When? _____ Results: _____

Please identify any and all types of jobs you have had in the past that have imposed any physical stress on you or your body:

_____

Have you ever had spinal x-rays taken? ❑Yes ❑No If yes, what year were they taken? _____ Where? _____

Accident/Injury History

Car Accidents (please list all)

Year: _____ Injury: _____ Treatment: _____

_____ _____ _____

Sports Injuries (please list all)

Year: _____ Injury: _____ Treatment: _____

_____ _____ _____

Slips/Falls: (please list all)

Year: _____ Injury: _____ Treatment: _____

_____ _____ _____

Please list any major **surgeries &/or illnesses** you've had and their approximate dates:

_____

Identify any **other injuries to your spine**, minor or major, that the doctor should know about:

_____

Social History

Smoking: ❑Cigars ❑Pipe ❑Cigarettes ❑Daily ❑Weekends ❑Occasionally ❑Never
Alcoholic Beverages: ❑Daily ❑Weekends ❑Occasionally ❑Never
Recreational Drug Use: ❑Daily ❑Weekends ❑Occasionally ❑Never

Family History

Does anyone in your family suffer with the same condition(s)? ❑Yes ❑No
If yes, whom? ❑Father ❑Mother ❑Sister ❑Brother ❑Grandmother ❑Grandfather ❑Son(s) ❑Daughter(s)
Have they ever been treated for their condition? ❑Yes ❑No ❑I don't know

Are there any other **hereditary conditions** the doctor should be aware of?

_____

General Health History

Current Medicines, Vitamins, Supplements:

- ❑ Painkillers
- ❑ Muscle relaxants
- ❑ Stimulants, Anti-depressants
- ❑ Blood Thinners
- ❑ Insulin
- ❑ Other
- ❑ Anti-inflammatory
- ❑ Blood pressure
- ❑ Tranquilizers, anti-anxiety
- ❑ Birth control pills
- ❑ Vitamins/Supplements _

Please **check [✔]** the box for symptoms you are **currently experiencing** & **mark an [X]** for symptoms you've **experienced in the past**:

Cranial & Cervical Nerves

- ❑ Neck Pain
- ❑ Pain into your shoulders/arms/hands
- ❑ Numbness/tingling in arms/hands
- ❑ Coldness in hands
- ❑ Weakness in grip
- ❑ TMJ pain/clicking
- ❑ Headaches
- ❑ Earaches
- ❑ Ringing in ears
- ❑ Hearing disturbances
- ❑ Visual disturbances
- ❑ Dizziness
- ❑ Lightheadedness
- ❑ Low energy/fatigue
- ❑ Loss of sleep
- ❑ Anxiety/Depression
- ❑ Thyroid conditions
- ❑ Sinusitis
- ❑ Allergies/hay fever
- ❑ Frequent colds/flu

Upper Thoracic Nerves

- ❑ Upper back pain
- ❑ Heart palpitations
- ❑ Heart murmurs
- ❑ Tachycardia
- ❑ Heart attacks/angina
- ❑ Recurrent lung infections/bronchitis
- ❑ Asthma/wheezing
- ❑ Shortness of breath
- ❑ Pain on deep inspiration/expiration

Women Only:

- ❑ Menstrual cramps
- ❑ Excessive menstruation
- ❑ Irregular cycle
- ❑ Hot flashes

Are you pregnant?
Yes ❑ No ❑

Lower Thoracic Nerves

- ❑ Mid back pain
- ❑ Pain into your ribs/chest
- ❑ Indigestion/heartburn
- ❑ Reflux
- ❑ Nausea
- ❑ Ulcers/gastritis
- ❑ Tired/irritable after eating or when you haven't eaten for a while
- ❑ Abdominal bloating
- ❑ Ulcerative intestinal conditions
- ❑ Skin disturbances
- ❑ Hypoglycemia

General Conditions:

- ❑ Stroke
- ❑ Heart Disease
- ❑ Cancer
- ❑ Diabetes

Lumbar & Sacral Nerves

- ❑ Low back pain
- ❑ Pain into your hips/legs/feet
- ❑ Numbness/tingling in your legs/feet
- ❑ Coldness in legs/feet
- ❑ Muscle cramps in your legs/feet
- ❑ Weakness/injuries in your hips/knees/ankles
- ❑ Constipation/diarrhea
- ❑ Recurrent bladder infections
- ❑ Frequent/difficulty urinating
- ❑ Sexual dysfunction

Is there anything else which may help us to better understand you, which has not been discussed? ❑ Yes ❑ No

Please Explain:

INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS & CARE (Signature Will Be Collected In Office at Your Appointment)

Physicians, Chiropractors, Osteopaths and Physiotherapists are required to advise patients of benefits and risks including sprain/strain, rib fracture and disc herniation. With neck problems, there have been very rare incidents of injury to the vertebral artery during the course of treatment. This has caused strokes or stroke-like occurrences, which are usually of a temporary nature. The chances of this happening to you are less than one in ten million. Tests, with or without x-rays have been performed to minimize these risks to yourself. Chiropractic is considered to be one of the safest and most effective forms of therapy for neck conditions. If you have any questions about this, please ask your chiropractor.

I have read the above statement and consent to treatment.

Signature: Date: