



**Chiropractic / Active Release Techniques  
PATIENT INFORMATION**

Date: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Numbers:

Area Code

Number

Extension

Home: \_\_\_\_\_

Phone (bus): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (D/M/Y) \_\_\_\_\_

Age: \_\_\_\_\_

Sex: M F

**\*Alberta Health Care Number\*:** \_\_\_\_\_

Practitioner (check one):  Dr. Helena Horsky  Dr. Stan Wong  Dr. Jacquelyn Perron

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us?  Web Site  Referral \_\_\_\_\_

Business Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Number of Children: \_\_\_\_\_

**PLEASE SEE OVER →**

## CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship chiropractic treatment and the occurrence of stroke. Recent studies suggest that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are reported cases of disc injuries following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment;
- d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this consent.

I consent to the chiropractic treatments recommended to me by my chiropractor, including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Patient Signature (Legal Guardian)**

\_\_\_\_\_  
**Witness of Signature**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Name (please print)**

**CURRENT HEALTH CONDITION**  
**(This page is double-sided)**

Purpose of this appointment: \_\_\_\_\_

Major complaint: \_\_\_\_\_

Explain how complaint occurred: \_\_\_\_\_

When did this condition begin: \_\_\_\_\_

Condition has persisted for:     Days             Weeks             Months             Years

Condition developed from:     Auto accident     Work Injury     Other injury \_\_\_\_\_

Symptoms:     Came on suddenly     Come and go

What activities make condition better? \_\_\_\_\_

What activities make condition worse? \_\_\_\_\_

Symptoms are BETTER in:     AM             Midday             PM

Symptoms are WORSE in:     AM             Midday             PM

Symptoms do not change with the time of day   

Have you ever had this condition before?     No     Yes, when \_\_\_\_\_

Other doctors seen for this condition: \_\_\_\_\_

Describe other complaints involving:    a) Neck/head: \_\_\_\_\_

b) Mid-back/shoulders/arms: \_\_\_\_\_

c) Low-back/hips/legs: \_\_\_\_\_

Medications you are presently taking: \_\_\_\_\_

For what conditions: \_\_\_\_\_

**INDICATE ABILITY TO PERFORM THE FOLLOWING ACTIVITIES:**

U-unable P-painful D-difficult L-limited N-normal

___ Coughing or Sneezing	___ Bending over forward	___ Pulling
___ Getting in or out of car	___ Climbing	___ Reaching
___ Turning over in bed	___ Kneeling	
___ Walking short distances	___ Balancing	
___ Standing more than 1 hour	___ Dressing self	
___ Sitting at table	___ Sleeping	
___ Lying on back	___ Stooping	
___ Lying flat on stomach	___ Gripping	
___ Lying on side w/knees bent	___ Pushing	

Previous chiropractic care: \_\_\_\_\_

All accidents or falls: \_\_\_\_\_

Surgeries and operations: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Date of last spinal x-rays: \_\_\_\_\_            Where? \_\_\_\_\_

Women: Are you pregnant?     Yes     No            Date onset last cycle: \_\_\_\_\_

**PLEASE SEE OVER →**

## PAST HEALTH HISTORY

### CHECK ANY DISEASES YOU HAVE OR HAVE HAD:

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Measles   | <input type="checkbox"/> Pneumonia   |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Mumps       |
| <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Cancer    | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> A.I.D.S.        | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Influenza   |

### CHECK ANY OF THE FOLLOWING CONDITIONS YOU HAVE OR HAVE HAD:

#### MUSCULO-SKELETAL

- Low back pain
- Pain between shoulders
- Neck pain
- Arm pain
- Joint pain/Stiffness
- Walking problems
- Difficult chewing/clicking jaw
- General stiffness

#### CARDIO-VASCULAR

- Blood pressure problems
- Heart problems
- Lung problems/congestion
- Stroke
- Chest pains

#### MALE/FEMALE

- Menstrual irregularity
- Menstrual cramping
- Vaginal pain/infections

#### NERVOUS SYSTEM

- Nervous
- Numbness
- Dizziness
- Forgetfulness
- Confusion/depression
- Fainting
- Convulsions
- Cold/tingling extremities
- Stress

#### DIGESTIVE TRACT

- Nausea
- Heartburn
- Gas/bloating after meals
- Constipation
- Diarrhea
- Bowel infections
- Weight trouble

#### EYE/EAR/NOSE/THROAT

- Vision problems
- Sore throat
- Stuffed nose and sinuses
- Hearing difficulty
- Ear aches

#### GENERAL

- Fatigue
- Allergies
- Loss of sleep
- Headaches
- Fever

#### DIGESTIVE TRACT

- Bladder trouble
- Painful urination
- Excessive urination

#### EXERCISE (check one)

- none
  - moderate
  - daily
- What? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY (For example, cancer/diabetes/  
heart problems/back or neck problems)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Sister: \_\_\_\_\_

Brother: \_\_\_\_\_

#### HABITS

Smoking: pks/day: \_\_\_\_\_

Drinking: alcohol/wk: \_\_\_\_\_

Coffee: cups/day: \_\_\_\_\_

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 (Preventative Care). These are the three types of care. As your doctor will weigh your needs and desires when recommending your schedule of care, please check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief care       Corrective care       Preventative care       Check here if you want the doctor to select the type of care appropriate for you.

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## Clinic Information

\* Please Read and Sign

### Office Hours

Monday	Tuesday	Wednesday	Thursday	Friday
9 – 5 pm	8 – 5 pm	9 – 5 pm	8 – 5 pm	8 – 12 pm

### Pricing

**PAYMENT IS DUE WHEN SERVICE IS RENDERED.** Payment is accepted in the form of cash, cheque, debit card, Mastercard and Visa.

### Service

Initial Exam	\$ 95.00
Initial Exam Students & Seniors	\$ 80.00
Active Release Techniques	\$ 65.00
Chiropractic Adjustment	\$ 40.00

**\*Missed Appointments\* \$20.00**

Upon request, our office will be happy to print you statements to submit to your insurance company for reimbursement. **WE DO NOT BILL SECONDARY INSURANCE COMPANIES ON YOUR BEHALF**, but we will be happy to assist you with your individual insurance forms.

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Signature

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Date