

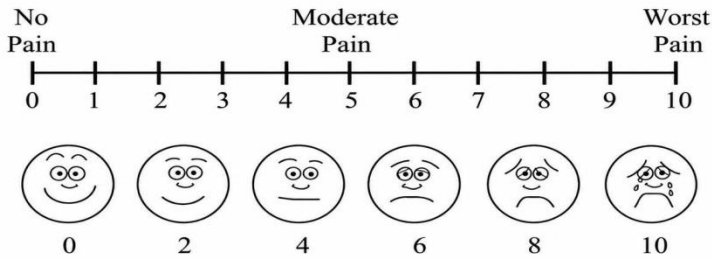
Informed Consent for Chiropractic Care

First Name:	
Last Name:	
DOB:	

- 1. Reason for today's visit:**

2. Using the following Pain Scale, rate your pain:

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HEALTH HISTORY FORM

Please check if you suffer from, previously suffered from, or are concerned you suffer from any of the following;

Musculoskeletal

Headaches _____

Arthritis _____

Neck pain _____

Backpain _____

Low back pain _____

Sciatica _____

Shoulder pain _____

Elbow/arm/wrist pain _____

Hip pain _____

Knee pain _____

Cardiac

Heartattack _____
High/low blood pressure _____
Stroke _____
High cholesterol _____
Aneurysm _____
Angina _____
Other _____

Skin conditions _____
Chronic flu/colds _____
Epilepsy _____
Visual challenges _____
Allergies _____
STI's _____
Hearing problems _____
Psoriasis _____

Respiratory

Pneumonia _____
Asthma _____

Digestive:

Constipation_____

Diarrhea_____

Incontinence _____

Women's Health

Pleurisy_____

Ovarian Cysts_____

PMS_____

Irregular menstruation

Ovarian Cysts_____ -

Doctor of Chiropractic who use manual therapy techniques are required to advise patients that there are or may be some risks associated with such treatment. In particular, you should note:

While rare, some patients may experience short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains as a result of manual therapy techniques;

There are reported cases of stroke associated with many common neck movements including adjustment of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustment is extremely remote;

There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

Chiropractic care, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches

and other similar symptoms. Chiropractic care contributes to your overall well-being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic treatments offered or recommended to me by my chiropractor, including spinal adjustment. I intend to apply to all my present and future chiropractic care.

**Signature (please use your
First name and Last name):** _____

Date _____