Welcome to Rigby Family Chiropractic

Confidential Patient History

Dear Patient,
Please answer the following questionnaire. Your answers will determine whether Chiropractic care can help you. If we do not believe your condition will respond satisfactorily to Chiropractic care we will refer you to the appropriate practitioner. Thank you.

Mr □ Mrs □ Miss □ Ms □ ***Name:***	***Date:***
Phone: Home ( ) Work ( ) mobile ( )	
Email address:	
Home address: Postcode:	
Date of birth:	
Marital Status: □ married □ divorced □ widowed □ single □ defacto	
Number of children:	
Occupation: (current) (past)	

- Who is responsible for this account? _____
- Do you have health insurance which covers Chiropractic care? □ yes □ no
  - If so, which? _____
- Have you had Chiropractic care before? □ yes □ no
  - Name of Chiropractor and last date of care. _____
- Who recommended you to this clinic? _____

Your Health

- If you have no specific problems and are here for wellness care please tick. ☐
- If not, what is your main health concern?

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- What do you believe caused this complaint and when did it start?

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- List any medications/ vitamins/ supplements taken and the reason for taking them.

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- List any operations you have had and when.

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- List any accidents, fractured bones or personal injuries you have had and when.

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- Please list all X-Rays you have had in the past five years.

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Your Habits

	Heavy	*Moderate*	*Light*	*none*
Coffee	☐	☐	☐	☐
Tea	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐
Sleep	☐	☐	☐	☐

Your Family History

Please tick if anyone in your family has ever suffered from

- Heart disease ☐
- Arthritis ☐
- Diabetes ☐
- Stroke ☐
- Cancer ☐
- Thyroid disease ☐

Systems Review

Please tick any of the following symptoms or problems which apply to you.

1. General conditions	recent	past		recent	past
Alcoholism	☐	☐	**Tuberculosis**	☐	☐
Anaemia	☐	☐	Ulcers	☐	☐
Cancer	☐	☐	Allergy	☐	☐
Diabetes	☐	☐	Dizziness	☐	☐
Epilepsy	☐	☐	Fainting	☐	☐
Goiter	☐	☐	Fatigue	☐	☐
Gout	☐	☐	Headache	☐	☐
Malaria	☐	☐	Learning difficulties	☐	☐
Multiple Sclerosis	☐	☐	Loss of sleep	☐	☐
Nervous Breakdown	☐	☐	Loss of weight	☐	☐
Polio	☐	☐	Nervousness/ Depression	☐	☐
Rheumatic fever	☐	☐			

2. Muscle and Joints	recent	past		recent	past
Arthritis	☐	☐	**Low back pain**	☐	☐
Bursitis	☐	☐	Neck pain or stiffness	☐	☐
Foot trouble	☐	☐	Pain between shoulders	☐	☐
Hernia	☐	☐			

3. Pain or numbness in	recent	past		recent	past
Arms	☐	☐	**Tailbone**	☐	☐
Elbows	☐	☐	Poor posture	☐	☐
Feet	☐	☐	Sciatica	☐	☐
Knees	☐	☐	Shoulders	☐	☐
Hands	☐	☐	Spinal curvature	☐	☐
Hips	☐	☐	Swollen joints	☐	☐
Legs	☐	☐			

4. Cardio-vascular

	recent	past		recent	past
Hardening of arteries	☐	☐	**Poor circulation**	☐	☐
High blood pressure	☐	☐	Rapid heart beat	☐	☐
Low blood pressure	☐	☐	Swelling of ankles	☐	☐
Pain over heart	☐	☐			

5. Respiratory

	recent	past		recent	past
Asthma	☐	☐	**Spitting phlegm**	☐	☐
Bronchitis	☐	☐	Wheezing	☐	☐
Chronic cough	☐	☐	Pneumonia	☐	☐
Difficult breathing	☐	☐			

6. Eyes, ears, nose and throat

	recent	past		recent	past
Colds	☐	☐	**Gum trouble**	☐	☐
Deafness	☐	☐	Nasal Obstruction	☐	☐
Dental decay	☐	☐	Nosebleeds	☐	☐
Earache	☐	☐	Sinus infection	☐	☐
Ear noises	☐	☐	Sore throat	☐	☐
Enlarged glands	☐	☐	Tonsillitis	☐	☐
Failing vision	☐	☐			

7. Gastro-intestinal

	recent	past		recent	past
Belching or gas	☐	☐	**Intestinal worms**	☐	☐
Constipation	☐	☐	Liver trouble	☐	☐
Diarrhoea	☐	☐	Nausea	☐	☐
Gall bladder trouble	☐	☐	Vomiting	☐	☐
Haemorrhoids	☐	☐			

8. Genito-urinary

	recent	past		recent	past
Bed-wetting	☐	☐	**Kidney infection or stones**	☐	☐
Blood in urine	☐	☐	Painful urination	☐	☐
Frequent urination	☐	☐	Prostate trouble	☐	☐

9. Skin

	recent	past		recent	past
Boils	☐	☐	**Hives or allergy**	☐	☐
Bruises easily	☐	☐	Itching	☐	☐
Dermatitis	☐	☐	Psoriasis	☐	☐
Dryness	☐	☐	Varicose veins	☐	☐
Eczema	☐	☐			

Please list any conditions <u>not</u> indicated:

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10. For women only	recent	past		recent	past
Congested breasts	☐	☐	**Menopausal symptoms**	☐	☐
Hot flushes	☐	☐	Painful menstruation	☐	☐
Irregular cycle	☐	☐	Vaginal discharge	☐	☐
Lumps in breast	☐	☐	Miscarriage	☐	☐
				yes	no
▪ Do you use the birth control pill?				☐	☐
○ If yes, for how long?					
▪ Is there any possibility that you may be pregnant?				☐	☐

Consent to Chiropractic Care

Changes to the law now require all chiropractors who adjust/manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to a stroke, or stroke like symptoms (approximately 1 in 5,850,000 neck manipulations, Haldeman et al., Spine vol. 24-8, 1999).

Whilst this has never occurred in our practice, we are still required to warn you. If any adjustments are required you will be tested before hand, as has always been our practise.

Other very slight risks include strain/sprain injury to a ligament, muscle or disk in the neck (less than 1 in 390,000) or the low back (1 in 62,000).

Chiropractic Adjustments of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A risk assessment of cervical manipulation, JMPT, 1995. Mango Report, Ontario Ministry of Health, 1993).

Many adverse reactions are the result of an underlying health condition or predisposed by other health factors, which is why it is important to inform the chiropractor of all your health problems. (e.g., a history of cancer or osteoporosis may predispose you to fractures which is an important factor in the chiropractors decision on the adjustment or treatment procedures.)

If you know you are at risk or think that you may be predisposed to suffering any of these effects due to an underlying condition please describe them here:

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