RIGBY FAMILY CHIROPRACTIC

Welcome to Rigby Family Chiropractic

Name:	***Date:***

Phone: Home ( ) Work ( ) Mobile ( )
Email address:
Home address:
Date of birth:

- 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?

_____.

_____.

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

_____.

_____.

- List any medications/ vitamins/ supplements being currently taken.

_____.

_____.

.

_____.

- List any operations you have had and when.

_____.

_____.

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

_____.

_____.

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

_____.

Your Habits

	Heavy	Moderate	Light	None
Coffee	O	O	O	O
Tea	O	O	O	O
Tobacco	O	O	O	O
Alcohol	O	O	O	O
Sleep	O	O	O	O

Your Family History

Please tick if anyone in your family has ever suffered from:

Heart disease	O	Stroke	O
Arthritis	O	Cancer	O
Diabetes	O	Thyroid disease	O

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 injuries to a ligament, muscles 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 results 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:

_____.

_____.

Please read the following carefully:

1. I understand that the Chiropractor will endeavour to minimise such events/reactions.

2. I also acknowledge that I have the opportunity to ask questions about the nature, extent and purpose of care to be provided

3. I acknowledge that I am aware of the potential risks and I appreciate that like all health care modally, results are not always guaranteed.

4. I do not expect the Chiropractor to be able to anticipate all potential risks and complications associated with the proposed care.

5. I hereby acknowledge my consent to Chiropractic Care and I understand that I can withdraw my consent at any time.

Privacy

- The patient hereby acknowledges that the health information collected above is required by the Chiropractor at Rigby Family Chiropractic to provide effective and appropriate treatment to the patient.
- The patient consents to and authorises the collection of such information by the Chiropractor and from other Health Service providers as listed below, and agrees that the patient's medical record may be retained by the Chiropractor for the purpose of future treatment.
- Other Health Service providers from whom health information may be requested.
  .

  _____.

Please read the following

- If you consider yourself eligible for our pensioner's fee or have a health care card, please discuss this with our receptionist, and provide some source of identification.
- We appreciate 24 hours notice for appointment cancellations. This enables another patient who needs chiropractic care to use your appointment time.

Patient's name (printed) _____.

Patient's signature _____. Date_____.

(Parent or guardian to sign if patient under 18).