

TO THE NEW PATIENT

Outline of Procedure for New Patients

- STEP ONE: All new patients are required to complete a personal health/history questionnaire.
- STEP TWO: Your first consultation with a doctor to discuss your health problems.
- STEP THREE: Diagnostic, chiropractic, orthopedic, and neurological examination procedures to determine if chiropractic is appropriate for your condition.
- STEP FOUR: The doctor will advise you as to the need of additional procedures such as laboratory and x-ray tests, if necessary.
- STEP FIVE: If your case requires immediate attention, emergency first aid will be administered.
- STEP SIX: You will be advised as to a time you can return for your "Report of Findings" when your doctor will inform you as to your examination results and whether or not your case has been accepted. You will also be advised concerning financial arrangements and insurance coverage as appropriate.
- STEP SEVEN: After you return and receive your report of findings, your recommended treatment program will be explained to you.
- STEP EIGHT: Treatment will begin and continue as scheduled until your condition has been fully corrected, or until maximum possible improvement has been obtained.

MEDICAL HEALTH INFORMATION

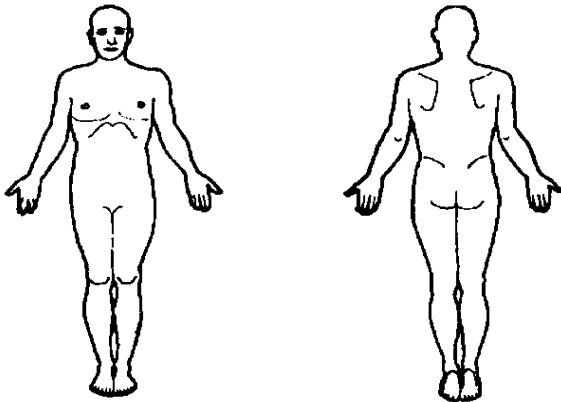
Have you ever been diagnosed or told you have any of the following? Please circle your response.

1. High blood pressure	Yes	No
2. Hardening of the arteries (arteriosclerosis)	Yes	No
3. Diabetes	Yes	No
4. Tuberculosis	Yes	No
5. Cancer, Where:	Yes	No
6. Heart or blood diseases	Yes	No
7. Bone spurs on the neck bones (cervical sprain)	Yes	No
8. Whiplash injury (flexion-extension injury, cervical sprain)	Yes	No
9. Have you or any of your relatives ever suffered a stroke?	Yes	No
10. Were you ever a smoker? From: _____ To: _____	Yes	No
11. Visual disturbances (blurring, loss, double)	Yes	No
12. Hearing disturbances (loss, ringing, other noise)	Yes	No
13. Slurred speech or other speech problems	Yes	No
14. Difficulty swallowing	Yes	No
15. Dizziness	Yes	No
16. Loss of consciousness, even momentary blackouts	Yes	No
17. Numbness, loss of sensation, strength or weakness in the face, fingers hands, arms, legs or any other parts of the body	Yes	No
18. Sudden collapse without loss of consciousness	Yes	No

On the picture below, use the indicated marks to show areas where you have, **at any time** experienced:

PAIN: XXXX NUMBNESS: /// TINGLING: 0000

Then circle the areas you are currently experiencing.



For the dominant area of pain, how would you judge that pain on a scale of zero to ten?
(Zero is no pain, and 10 is the worst pain imaginable) Place an X on the corresponding value on these scales:

On the average: _____

At its worst: _____

0 **10**



CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

Informed Consent to Chiropractic Treatment FORM L

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 between 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 rare reported cases of disc injuries identified 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 treatment 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)