



INSPIRE CHIROPRACTIC

REHABILITATION & SPORT PERFORMANCE

Informed Consent to Chiropractic Treatment

Member

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment. The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems occasionally.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

INSPIRE CHIROPRACTIC REHABILITATION & SPORT PERFORMANCE

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

● **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke. Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain. Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. **Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.** The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance, and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

X _____
Patient Signature (Legal Guardian)

Witness Signature

Date: _____

Re-evaluation Signature & Date: _____

Re-evaluation Signature & Date: _____

Re-evaluation Signature & Date: _____

Re-evaluation Signature & Date: _____

Re-evaluation Signature & Date: _____

Informed Consent Checked: _____

INSPIRE CHIROPRACTIC REHABILITATION & SPORT PERFORMANCE

WELCOME TO OUR OFFICE!

In order for us to help you, we ask for your patience while we spend the next few pages getting to know you better. This first page is a break down of the charges, while the following three include a history and an informed consent form.

If you have been injured at work, or from a recent motor vehicle accident, please tell us.

If you have extended health benefits through your employer, be sure to ask for a receipt after your treatments. If you are unsure, contact your employer. Most benefit programs include chiropractic care and will reimburse you.

OFFICE FEES:

Initial visit (includes consultation, examination, review of findings and treatment – 60 minutes)	\$95
Subsequent office visit (treatment and management through initial rehabilitation protocols -20 minutes)	\$50
Extended Office Visit for initial WSIB or MVA cases or if it's been more than 2 years since last appointment (30 minutes)	\$70

All missed appointments or appointments cancelled *with less than 2 hours notice* will be subject to a \$35.00 cancellation fee.

I have read the above fee schedule and understand my responsibility as a patient.

X _____
Signature of patient/legal guardian

Date

INSPIRE CHIROPRACTIC REHABILITATION & SPORT PERFORMANCE

New Patient Intake Form

Welcome to Inspire Chiropractic Rehabilitation & Sport Performance. In order to help us extend to you the best care possible, please provide the following information:

Name _____

Mailing Address: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

Name and Number of Emergency Contact: _____

Date of Birth: _____ Age: _____ Gender: _____

Occupation: _____ Employer: _____

Family Physician: _____

Have you been treated by a chiropractor before? yes no Was it helpful? yes no

If yes, where and when? _____

How did you hear about our office? _____

What is your main complaint today? _____

Is this condition work-related? yes no If yes, did you fill out an injury report? yes no

Is this condition result of a motor vehicle accident? yes no

What caused this condition? _____

How long has this condition been present? _____

What relieves this condition? nothing lying down walking standing sitting movement
inactivity/rest other _____

What aggravates this condition? nothing lying down walking standing sitting movement
inactivity/rest other _____

Have you received other treatment for this condition? _____

Please list any medications or supplements you are taking currently: _____

Please list any long-term medications that you have taken in the past: _____

Please list any serious illnesses or injuries: _____

Please list any surgeries: _____

Please list any recent hospitalizations: _____

Do you have a history of stroke/aneurysm heart disease rheumatoid arthritis
blood clotting disorder use of blood thinners

Do any of these conditions run in your family? heart disease stroke high blood pressure
cancer diabetes chronic fatigue/pain

INSPIRE CHIROPRACTIC REHABILITATION & SPORT PERFORMANCE

Do you smoke? yes no used to If yes, how many packs per day _____

How much coffee do you drink per day? _____ Soft drinks? _____ Water? _____

Daily exercise: None Light Moderate Heavy

Physical Demands of Work: Sedentary Mild Moderate Heavy

Stress Level: Low Medium High

To be able to create an accurate clinical picture of your current state of health, we need your complete health history. **All information will be kept strictly confidential.** Your responses will help determine in what ways chiropractic care can benefit you. Please check the degree of all conditions you currently have or have had in the past.

Blank= Never O= Occasional F= Frequent C= Constant

Muscle / Joint

O F C

- Arthritis
- Neck pain
- Low back pain
- Neck stiffness
- Back stiffness
- Pain between shoulders
- Foot pain

General

O F C

- Dizziness
- Fainting
- Fatigue
- Fever
- Headache
- Neuralgia
- Night sweats
- Poor Posture
- Sciatica
- Sweats
- Tremors
- Unexplained weight loss

Ear, Eye, Nose, Throat

O F C

- Asthma
- Colds
- Ear ache
- Ear discharge
- Ear infections
- Enlarged glands
- Eye pain
- Hoarseness
- Sinus infections

Gastrointestinal

O F C

- Belching or gas
- Bloating
- Colitis
- Constipation
- Diarrhea
- Poor appetite
- Nausea
- Vomiting

Pain or Numbness in:

O F C

- Shoulders
- Arms
- Elbows
- Hands
- Hips
- Legs
- Knees
- Ankles
- Feet
- Heels
- Back
- Groin

Cardiovascular

O F C

- Ankle swelling
- Heart attack
- High blood pressure
- Low blood Pressure
- Poor circulation
- Rapid heartbeat

Genitourinary

O F C

- Blood in urine
- Frequent urination
- Incontinence
- Kidney infections
- Kidney stones
- Painful urination

Respiratory

O F C

- Chest pain
- Chronic cough
- Difficulty breathing
- Wheezing

Please check any of the following conditions you have or have had:

- Addiction
- Back Surgery
- Cancer _____
- Diabetes
- Eating disorder
- Eczema
- Epilepsy
- Gout
- Heart Disease
- Multiple Sclerosis
- Pacemaker
- Stroke
- Other _____

Name: _____