



Member

# INSPIRE CHIROPRACTIC

## REHABILITATION & SPORT PERFORMANCE

### CONSENT TO CHIROPRACTIC TREATMENT

It is important to consider the benefits, risks and alternatives to treatment. This will help you make an informed decision about proceeding with care.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body. It also includes soft-tissue techniques, therapeutic modalities and exercise.

**Benefits** - Chiropractic treatment has been shown to be effective for complaints of the neck, back and other areas of the body related to nerves, muscles and joints. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility and improve function.

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

- Temporary discomfort or worsening of symptoms – Treatment may cause some discomfort or an increase in pre-existing symptoms of pain or stiffness. This can last a few hours to a few days.
- Skin irritation or burn – Skin irritation or a burn may occur with the use of some types of electrical and light therapies. Skin irritation should resolve. A burn may leave a permanent scar.
- Sprain or strain – A muscle or ligament sprain or strain may occur. These should resolve within a few days or weeks with rest, minor care and/or protection of the affected area.
- Rib fracture – A rib fracture may occur. This can be painful and limit your activity for some time. These usually heal over several weeks with or without further treatment.
- Disc injury or aggravation – Some reported cases associate chiropractic treatment with injury or aggravation of a disc condition. This is rare. Spinal discs may degenerate with age or become damaged, with or without symptoms. Signs and symptoms may include neck and back pain, impaired mobility, or radiating pain and numbness into the legs or arms. In severe cases, impaired bowel or bladder function or impaired leg or arm function may occur, which may need surgery.
- Stroke – Some reported cases associate chiropractic treatment of the neck with stroke. This is rare. This type of stroke is a serious event involving arteries in the neck and the interruption of blood flow to the brain. The consequences of a stroke can include impairment of vision, speech, balance and brain function, as well as paralysis or death. If signs of stroke occur, seek medical attention immediately.

**Alternatives** - Alternatives to chiropractic treatment may include consulting other health professionals, over-the-counter pain relievers, rest, and exercise. Each may have their own benefits and risks.

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**Questions or concerns** - Please ask questions at any time about 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 health or your condition.**

I acknowledge that I have discussed my condition and the treatment plan with the chiropractor. I understand the nature of the treatment offered to me. I have considered the benefits and risks of treatment and the treatment alternatives.

I have read this form or had it read to me. I consent to chiropractic treatment as proposed to me.

**Do not sign this form until you meet with the chiropractor.**

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Chiropractor Signature

# 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.

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

### 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 charged the appointment 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name and Number of Emergency Contact: \_\_\_\_\_

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

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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: \_\_\_\_\_