

### CONFIDENTIAL PATIENT INFORMATION SHEET

NP # \_\_\_\_\_  
OFFICE USE ONLY

Please complete FULLY and accurately.

#### PERSONAL HISTORY

Name: \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Sex: Male or Female Marital status: \_\_\_\_\_ # of children \_\_\_\_\_  
 Tel: Home \_\_\_\_\_ Business or Cell (circle) \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 Preference for appointment reminders:  Home  Email  Text \*CP Provider (for text) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Insurance Provider Name \_\_\_\_\_  
 Family Dr (Name & Tel.): \_\_\_\_\_  
 Emerg contact (Name, Tel. & Relationship): \_\_\_\_\_

#### How were you referred to this clinic?

Massage Therapist  Friend/family (specify) \_\_\_\_\_  
 Naturopathic Doctor  Health/injury talk \_\_\_\_\_  
 Advertising/pamphlet  Other (please specify) \_\_\_\_\_

Is this a **Workplace Safety & Insurance Board injury (WSIB)**?  N  Y

Are your injuries related to a **Motor Vehicle case**?  N  Y

#### CURRENT HEALTH HISTORY

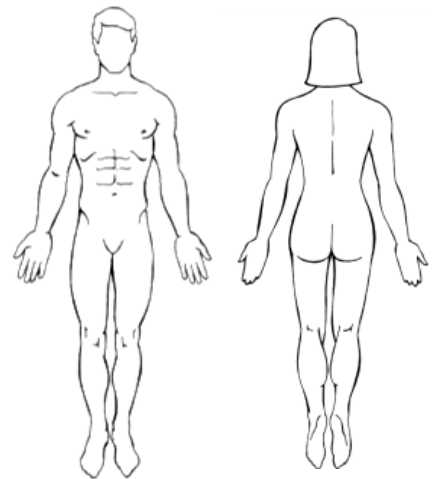
**Current complaint(s)** – in order of importance to you

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

On the drawings to the right mark all painful areas with an **X**

#### Describe the pain:

- Sharp & stabbing
- Burning
- Pins & needles
- Dull, ache
- Numb
- Stiff & tight

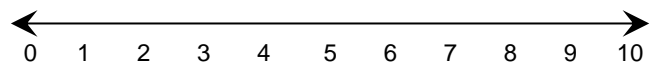


How long have you had this injury? \_\_\_\_\_

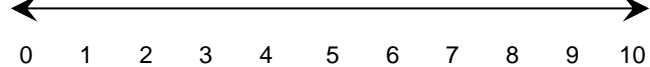
Have you had it before?  N  Y

Previous Chiropractic care?  N  Y Reason for treatment: \_\_\_\_\_

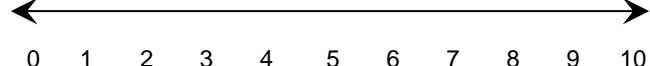
Circle your level of **Pain/discomfort**  
(0 = no pain, 10 = worst pain)



Circle your general level of **Stress**  
(0 = low stress, 10 = high stress)



Circle your level of **Commitment**  
to correcting the problem  
(0 = low level, 10 = high level)



Current **exercise routine** (type of activity, frequency, duration): \_\_\_\_\_

List any **medications, supplements** (vitamins, etc) that you are currently taking: \_\_\_\_\_

- Do you wear Orthotics?  N  Y - If YES, how long have you had them? \_\_\_\_\_
- Are you a smoker?  N  Y - If YES, \_\_\_\_\_ cigarettes/day for \_\_\_\_\_ years
- Do you drink?  N  Y - If YES, \_\_\_\_\_ glasses per week
- Personal satisfaction with diet?  Highly satisfied  Satisfied  Dissatisfied
- Sleep: Hours per night \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
- FEMALES ONLY: Are you pregnant?**  N  Y

**FAMILY HEALTH HISTORY**

- Have you or anyone in your family had the following (specify whom):
- Heart disease \_\_\_\_\_  High blood pressure \_\_\_\_\_
- Cancer \_\_\_\_\_  Diabetes \_\_\_\_\_
- Stroke \_\_\_\_\_  Other diseases \_\_\_\_\_

**PAST HEALTH HISTORY**

- List any previous **Surgeries** and the year(s) they occurred  
\_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_
- List any previous **Fractures** and the year(s) they occurred  
\_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_
- List any previous **Accident / traumas** and the year(s) they occurred  
\_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

**GENERAL HEALTH INFORMATION**

Please check the symptoms you have experienced in the **past 6 months**

**HEAD AND NECK**

- Headache  Neck pain  Hearing problems  Ringing in the ears
- Sinusitis  Vertigo/ Dizziness  Eye problems  Vision problems
- Nose problems  TMJ (jaw pain)  Sore throat  Voice changes

**CHEST, LUNG, HEART, AND SKIN**

- Chest pain  Palpitations (heart)  Blood pressure problems  Allergies
- Insomnia  Night sweats  Lung problems  Shortness of breath
- Asthma  Skin problems  Restlessness, irritability

**DIGESTIVE SYSTEM AND MISCELLANEOUS**

- Nausea, vomiting  Heartburn  Poor appetite  Loss of taste
- Bloating  Diarrhea  Constipation  Abdominal pain
- Gas, rumbling  Hemorrhoids  Frequent weight change  Bruising easily

**LIVER AND GALL BLADDER**

- Liver problems  Sweaty palms  Sweats easily  Irritated easily
- Brittle nails  Bitter taste in mouth  Muscle cramps  Anxiety
- Slow digestion  Tension headaches  Stiff joints and muscles  Restlessness

**KIDNEY, URINARY TRACT, ENDOCRINE SYSTEM AND VARIOUS**

- Kidney stones  Urinary bladder problems  Kidney problems  Prostatitis
- Frequent urination  Urinary tract infections  Incontinence  Feeling cold/hot
- Feeling low energy  Low back pain  Joint pain  Weak or sore knees

**GYNECOLOGICAL SYSTEM (WOMEN ONLY)**

- Painful periods  Heavy periods  Irregular periods  Long periods
- Absent periods  Hot flashes  Endometriosis  Painful intercourse
- Fertility problems  Pre-menstrual syndrome  Miscarriages, abortions  Breast problems

**OUR FEES**

Type of appointment	Adults	Students	Children (<5yrs)
Initial visit	\$80	\$75	\$75
Subsequent chiropractic visit	\$40	\$35	\$35
Subsequent acupuncture visit	\$45	\$40	
Subsequent visit with chiro/acu	\$60	\$55	

**\*\*PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.**

Payment can be made by cash, cheque, debit, VISA/MC. If you cannot attend an appointment, please give **24 HOURS NOTICE** so that another patient may receive care during that time. I have read the above and understand that I am responsible for all charges relating to my visit.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**INFORMED CONSENT**

Doctors of Chiropractic and Medical doctors who use manual therapy techniques such as spinal adjustments and manipulations are required to advise patients that there are some risks associated with such treatment. In particular, you should note:

While rare, some patients have experienced muscle strain, ligamentous sprain and rib fracture following spinal adjustments or manipulation.

There are reported cases of stroke associated with many common neck movements including adjustment of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometime causes serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical adjustment is extremely remote.

There have been rare reported cases of disc injuries following neck or low back spinal adjustment or manipulation. However, scientific study has not supported that such injuries are caused, or may be caused, by spinal adjustments or Chiropractic treatment.

Chiropractic treatment, including spinal adjustment or manipulation, has been the subject of government reports and multi-disciplinary studies conducted over many years. These reports and studies have demonstrated Chiropractic treatment to be effective for spinal pain, headaches and other similar symptoms. Chiropractic care may contribute to your overall well-being. The risk of injuries or complications from Chiropractic treatment is substantially lower than that associated with other treatments, medications and procedures given for the same symptoms.

I acknowledge, I have discussed or have had the opportunity to discuss, with Dr. Patterson the nature and purpose of Chiropractic treatment in general and my treatment in particular as well as the contents of the consent. I consent to the Chiropractic treatment offered or recommended to me by Dr. Patterson, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

I understand that my personal and medical information may be shared with other practitioners within Complete Wellness Clinic for the purpose of providing the best possible care.

Date \_\_\_\_\_

**Print patient/guardian name**

\_\_\_\_\_  
**Signature of patient/guardian**

**ACUPUNCTURE TREATMENT**

I understand and am informed that in the practice of Acupuncture there are risks to treatment. These include but are not limited to minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, possible perforation of organs and stuck or bent needles. I have been advised that only pre-sterilized single use needles will be used.

Date \_\_\_\_\_

**Print patient/guardian name**

\_\_\_\_\_  
**Signature of patient/guardian**