Cascadia Chiropractic Centre

New Patient Information & Clinical Record

Name:		Date:
Date of Birth:	Your age:	Care Card #:
Address:		City/Prov:
Postal Code:	Phone:	Cell:
Work Phone:	E-mail Address:	
Marital Status:	Spouse's Name:	Number of Children:
Occupation:	Employer:	Student: Y N
Are You Pregnant?	If yes, due date:	
Are you claiming under WCB?	If yes, Claim #:	
Are you claiming under ICBC?	If yes, Claim #:	
Are you covered by DVA/RCMP?	If yes, K/R #:	
How would you like to be reminded of your appointments? (Circle One)	Text Email Phone	
If text, cell phone company (Bell, Telus, Rogers, Virgin, Fido etc.)?		
Do you have extended healthcare benefits?		
How did you hear about our office?		

A. PRESENTING COMPLAINT

In your own words describe your main complaint or reason for your visit?

_____

_____

_____

When did it start? List date of onset or approximately how long ago it started: _____

How did it start, did you do anything in particular to start this complaint?

_____

Have you had a similar complaint in the past? Yes / No Details: _____

Have you seen another provider for this? _____ If yes, how long ago? _____

State the type of treatment (Chiro/Physio/MD/Specialist): _____

Who provided it? _____ What were the results? _____

My complaint is progressively:

☐ Getting better ☐ Staying the same ☐ Getting worse

This complaint is:

☐ Constant ☐ Comes and goes

The symptoms are worse in the:

☐ Morning ☐ Daytime ☐ Evening

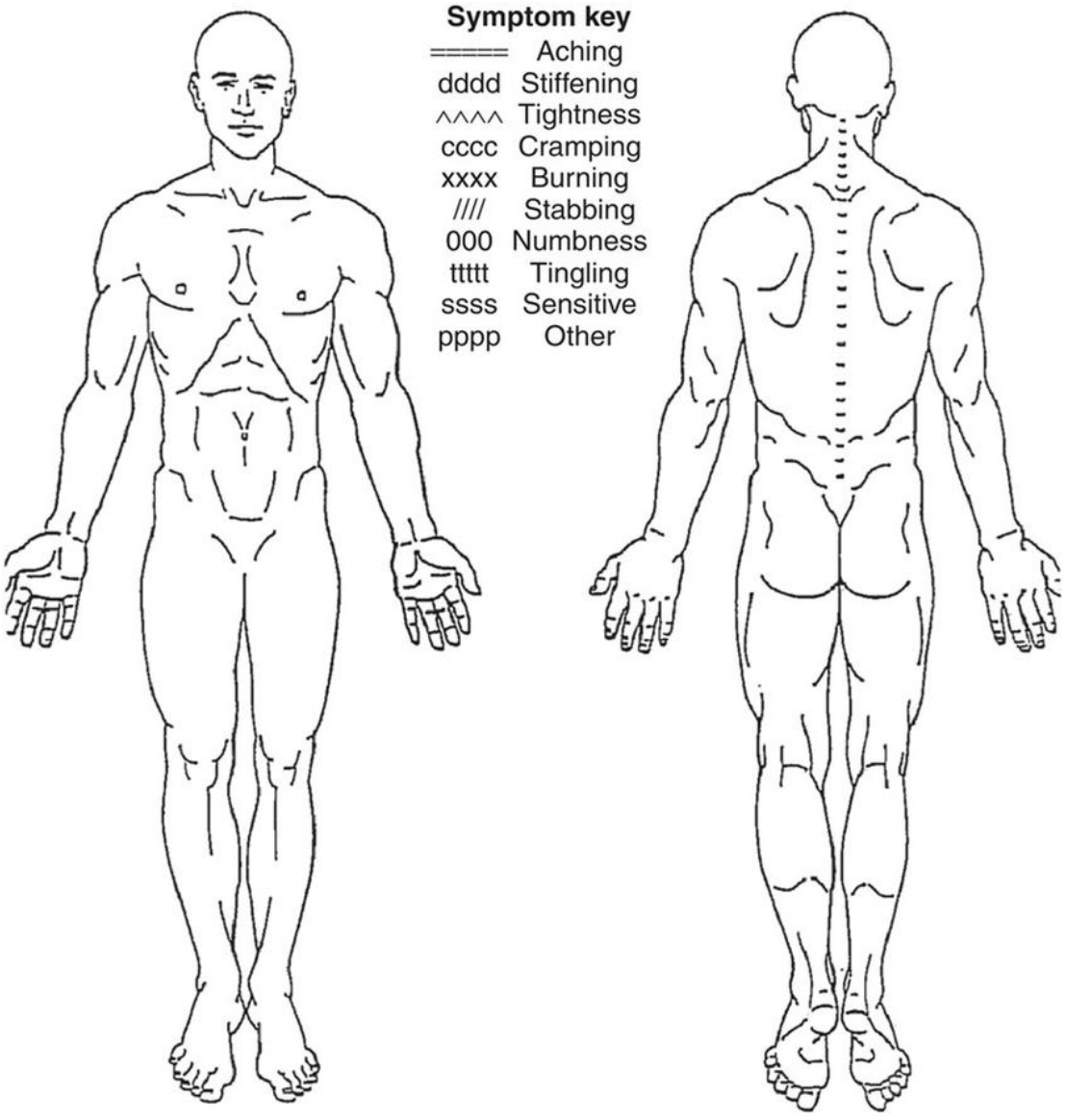
Which of the following makes your symptoms **worse**:

- ☐ Lifting
- ☐ Bending forward
- ☐ Bending backward
- ☐ Twisting Sneezing
- ☐ Straining
- ☐ Coughing
- ☐ Exercising
- ☐ Walking
- ☐ Sleeping
- ☐ Working
- ☐ Driving
- ☐ Reading
- ☐ Concentrating Dressing
- ☐ Homecare
- ☐ Playing sports
- ☐ Social Activities
- ☐ Other: _____

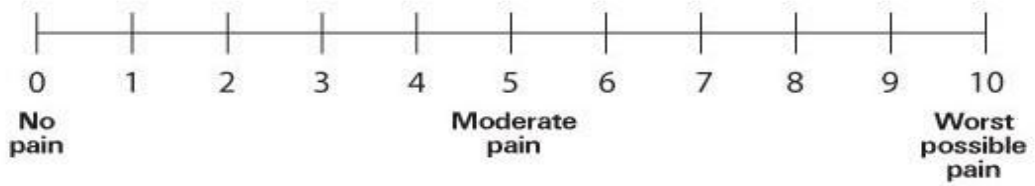
Which of the following make your symptoms **better**:

- ☐ Ice
- ☐ Heat
- ☐ Stretching
- ☐ Showering or bathing
- ☐ Exercising
- ☐ Rest
- ☐ Taking medications
- ☐ Bending a particular way
- ☐ Other: _____

Mark the diagram below to represent where you feel your symptoms **now**:



Rate your symptoms **now**:



B. MEDICAL HISTORY

Have you had chiropractic treatment before? _____ By Whom? _____ When? _____

Surgeries you have had? _____

Any relevant injuries or illnesses? _____

Medications you currently take? _____

Date of last foot examination: _____

Check any significant medical conditions you have had:

- ☐ Migraines
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Fracture
- ☐ Cancer
- ☐ Infection
- ☐ Anemia/Blood Disorder
- ☐ Heart Disease/Stroke
- ☐ Spinal Fusions
- ☐ Sciatica/Disc Herniation
- ☐ Diabetes
- ☐ Double Jointed
- ☐ Psychological Disorder
- ☐ Depression
- ☐ Seizures
- ☐ Gastrointestinal disorder
- ☐ HIV or Hepatitis
- ☐ Other: _____

Check any significant symptoms you have:

- ☐ Headache
- ☐ Memory Loss
- ☐ Dizziness
- ☐ Nausea
- ☐ Loss of Balance
- ☐ Clumsiness
- ☐ Body or legs want to give out
- ☐ Tingling in arms
- ☐ Tingling in legs
- ☐ Bowel or bladder control issues
- ☐ Sleep loss
- ☐ Anxiety/ Stress
- ☐ Weight gain
- ☐ Weight loss (unexplained)
- ☐ Pain at night
- ☐ Other: _____
- ☐ Night sweats
- ☐ Fatigue
- ☐ Diminishing Sight
- ☐ Double vision
- ☐ Blurred vision
- ☐ Pain with taking a deep breath
- ☐ Pain or unusual effort swallowing
- ☐ Difficulty speaking or slurring
- ☐ Diminished hearing
- ☐ Ringing in the ears
- ☐ Confusion
- ☐ Fainting/Blackouts
- ☐ Concussion
- ☐ Chest pain
- ☐ Stomach pain
- ☐ Pain with eating certain foods
- ☐ Menstrual issues
- ☐ Prostate or erectile issues
- ☐ Bedwetting
- ☐ Unusual stool (i.e. blood)
- ☐ Unusual cough or breathing
- ☐ Bruise easy
- ☐ On blood thinners
- ☐ Long-term steroid use

Cascadia Chiropractic

Fees and Packages

Standard pricing for those not covered under the MSP Low Income Premium Assistance:

Initial Visit (Consultation and Examination)	$75.00
X-rays (if deemed necessary by chiropractor)	$75.00
Subsequent Office Visit	$50.00
Subsequent Child/Student Visit	$36.00
Shockwave Therapy (trigger point)	$50.00
Shockwave Therapy (pre-surgical)	$100.00
Spinal Decompression Treatment	$65.00
MLS Laser Therapy	$65.00

If you are eligible for coverage under MSP Low Income Premium Insurance, you are allotted 10 visits per calendar year. These visits are for chiropractic, massage therapy, podiatry, and physiotherapy **combined.** Your pricing is:

Initial Visit **MSP** User Fee	$50.00
X-rays (if deemed necessary by chiropractor)	$75.00
Subsequent Office Visit **MSP** User Fee	$27.00

- Prices are subject to change based on severity of condition
- We reserve the right to bill for missed appointments
- All visits must be paid for at the time of service (unless otherwise arranged)
- For your convenience, we offer pre-paid packages so you do not have to stop at the reception desk every time you leave.

Patient Name (please print)

Signature of Patient or Guardian

Date

Witness Signature

CONSENT TO CHIROPRACTIC TREATMENT

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 once in a while.
  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. 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.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

_____
Name (Please Print)

_____ Date: _____
Signature of patient (or legal guardian)

_____ Date: _____
Signature of Chiropractor