

Patient Label Here

# Chiropractic Patient History Form



Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

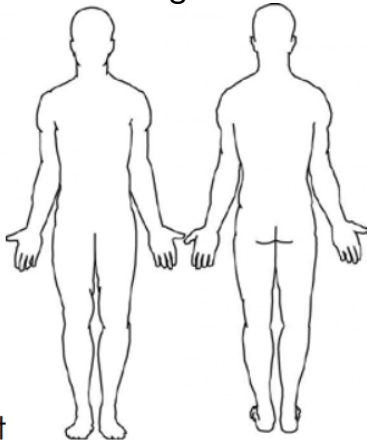
1) Have you received chiropractic services before?  YES  NO If yes, when? \_\_\_\_\_

2) Reason for today's visit:  Pain  Discomfort  Stiffness  Injury Other: \_\_\_\_\_

3a) Today, the condition is:  Same  Better  Worse 4) When did your complaint(s) first begin? \_\_\_\_\_

3b) In general, your pain level is: 0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_  
(NO PAIN) (Worst Pain)

5) Use the figures below to place an "X" on any specific area(s) where you are experiencing pain, discomfort or limited range of motion:



Front

Back

6) Have you experienced these complaints before?  YES  NO If yes, when? \_\_\_\_\_

7) Explain what helps and/or worsens the condition: \_\_\_\_\_

8) Are you pregnant?  YES  NO  Not Sure

9) Any car accidents or work related injuries in the past?  YES  NO If yes, when? \_\_\_\_\_

10) Please check all medications (over the counter and/or prescribed) you are currently taking:

Aspirin  Pain Killers  Muscle Relievers  Other: \_\_\_\_\_

Birth Control Pills  Sleeping Pills  Anti-Depressants

11) List any major illnesses or any surgeries and years: \_\_\_\_\_

12) Check all symptoms/conditions you had even if they do not seem related to your current problem:

- Stroke/TIA
- Fractures/Dislocations
- Prothesis
- Pacemaker
- Bleeding Disorders
- Heart or Vascular Surgery
- Cold Feet/Hands
- Cancer/Chemotherapy
- Loss of Balance/Fainting
- Osteoporosis/Thin Brittle Bones
- History of Pinched Nerve
- Slipped/Herniated Disc
- Head Injuries/TMJ

13) Check any of the following that you have currently or in the past year:

- Headaches/Migraines Problems
- Numbness/Tingling Arms or Hands
- Blood Pressure Problems
- Neck Pain
- Numbness/Tingling Legs or Feet
- Prostate/Sexual Dysfunction
- Back Pain
- Sinus Congestion/Allergies
- Menstrual Cycle Dysfunction/Urinary Problems
- Hip Pain
- Lung Problems/Congestion
- Frequent Nausea/Vomiting



FOR OFFICE USE ONLY  
Clinician Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent to Chiropractic Treatment



Patient Label:

**The Nature of Chiropractic treatment:** The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. **Would you like a staff member to accompany you for your visit?** Yes  No

**Possible Risks:** As with any health care procedure, complications are possible following a chiropractor manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

**Probability of risks occurring:** The risks of complications due to chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

**Other treatment options which could be considered** may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in a conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

**Risks of remaining untreated:** Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

**Unusual risks:** *I have had the following unusual risks of my case explained to me.*

***I have read the explanation above of chiropractic treatment. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient or legal Representative

\_\_\_\_\_  
Date

WITNESS:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date