NISEKO CHIROPRACTIC

Confidential Patient History

Please Print

Would you like to receive occasional Email updates from Niseko

Yes ☐ No ☐

Full Legal Name: ……Date of Birth ……

Preferred Name: ……Email:……..

Address: ……

Suburb: …….. State: ……..Postcode:……

Home Phone: …….. Mobile: ……

Work Phone: ……...Occupation:……

Previous Chiropractor: …… GP: ……..

What is your reason for attending today?

……

……

How long have you had this for?

……

What caused this?

……

What aggravates the complaint?

……

What relieves or helps the complaint?

……

Is the complaint getting progressively worse?

……..

Have you had this complaint treated by another practitioner? If so, when and what was the outcome?

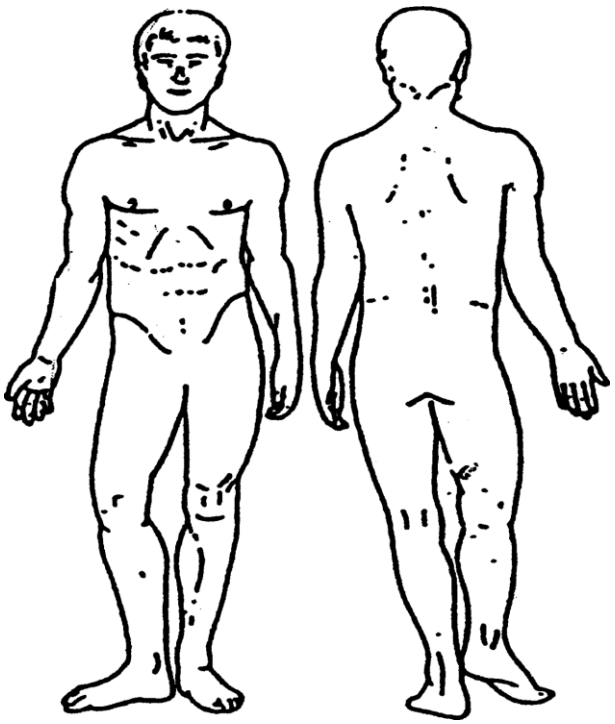
……

Are there any medical disorders in your family?

……

Diagnosed illness and/or conditions?

……..



Pain at its worse

No Pain Unbearable Pain
0----------5----------10

Current level of pain

No Pain
Unbearable Pain
0----------5----------10

Previous Injuries:

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……

Surgeries:
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……

Have you ever been involved in a motor vehicle accident?

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Are you taking any medications? If yes, what are you taking and what for?

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Have you had any medical imaging such as X-rays or CT scans? Please give details.

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Please tick the following symptoms:

☐ Headaches	☐ Fever	☐ Stiff Neck	☐ Loss of memory
☐ Dizziness	☐ Diabetes	☐ Vertigo	☐ Nausea
☐ Loss of Balance	☐ Asthma	☐ Chest pain	☐ Shortness of breath
☐ Blind Spot in vision	☐ Faintness	☐ Light bothers eyes	☐ Ringing in ears
☐ Epilepsy	☐ Loss of smell	☐ Loss of taste	☐ Difficulty swallowing
☐ Muscle Cramps	☐ Bad breath	☐ Cold sweats	☐ Regular cold and flu
☐ Fatigue	☐ Diarrhea	☐ Stomach Upset	☐ Constipation
☐ Recent Weight Loss	☐ Eczema	☐ Pain at night	☐ Numbness in fingers
☐ Nervousness	☐ Depression	☐ Hands/Feet cold	☐ Pins and needles in arms

How does your condition affect your lifestyle?

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.....

What are your goals from our treatment?

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.....

Are you interested in improving your fitness and diet with us as well? Yes ☐ No ☐

How did you find out about this clinic?

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Is there anything else you feel important for us to know?

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INFORMED CONSENT FOR NISEKO CHIROPRACTIC

When performed by a qualified chiropractor, spinal manipulation (adjustment) is an effective and safe method of treatment for many painful and other conditions.
There are, however, risks associated with any treatment and we are required to inform you of these regardless of how small the risk may be.
Please read the following carefully, and write down any questions you may have.

I hereby request and consent to the performance of chiropractic treatment on me by any registered chiropractor authorized by the Principal of Niseko Chiropractic. I have had the opportunity to discuss with the chiropractor the nature and purpose of chiropractic treatment. I understand that the results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some very slight risks to treatment, including but not limited to, muscle and joint soreness, muscle strains, joint sprains, fractures, disc injuries, nerve injuries, and vascular episodes.

I do not expect the chiropractor to be able to anticipate and explain all risks and complications. I wish to rely on the chiropractor to exercise judgment during the course of the treatment which the chiropractor feels, based on the facts known at that time, and is in my best interests.

I have read the above, and have also had the opportunity to ask questions about its content.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw consent at any time.

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Chiropractor Patient's Signature

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Signature Date