



## CONFIDENTIAL PATIENT CASE HISTORY

**PLEASE COMPLETE ALL 4 PAGES**

D.O.B...../...../.....

DATE ...../...../.....

Mr/ Mrs/ Miss/ Ms .....  
(SURNAME) (FIRSTNAME)

ADDRESS ..... P/CODE .....

PHONE .....MOBILE:.....

EMAIL .....

OCCUPATION ..... EMPLOYER.....

PRIVATE HEALTH FUND.....

EMERGENCY CONTACT ..... PHONE: .....

### HOW DID YOU FIND THIS CLINIC (PLEASE CIRCLE)?

FRIEND/RELATIVE    FACEBOOK    LOCAL SEARCH    PHONE BOOK  
PRIVATE HEALTH    INTERNET    SIGNAGE    OTHER: .....

WHO REFERRED YOU.....

PREVIOUS CHIROPRACTOR .....

LOCATION .....

WERE X-RAYS MADE?    O Yes, which year.....    O No

## GENERAL HEALTH HISTORY

HAVE YOU EVER HAD (PLEASE LIST ALL):

ANY SERIOUS ILLNESSES?.....

ANY BAD ACCIDENTS/ FRACTURES? .....

ALL OPERATIONS? .....

LIST CURRENT MEDICATIONS: .....

## CHIEF COMPLAINT

PLEASE DESCRIBE THE HEALTH PROBLEMS FOR WHICH YOU ARE CONSULTING US:

.....

WHEN DID THIS PROBLEM FIRST START? HOW?

.....

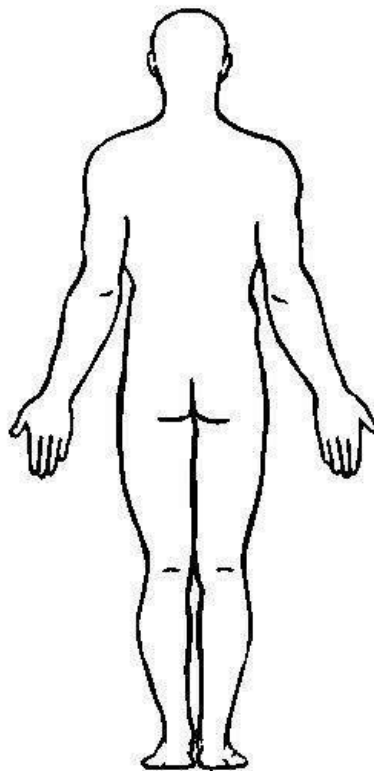
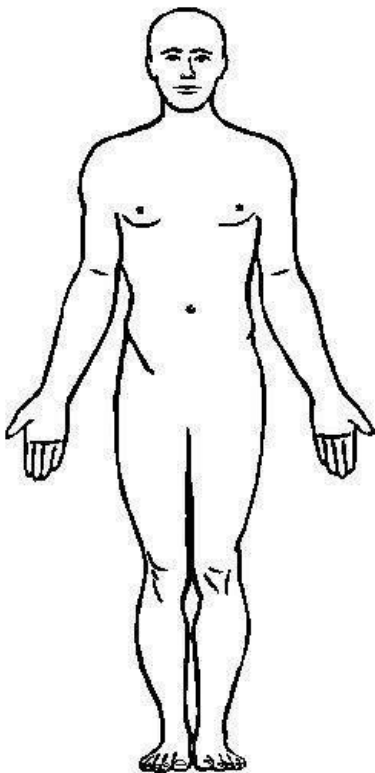
HAVE YOU HAD TREATMENT FOR THIS BEFORE?

.....

HAVE YOUR IMMEDIATE FAMILY EVER SUFFERED FROM THE FOLLOWING? WHO?

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="radio"/> CANCERS/ TUMOURS    | <input type="radio"/> STROKE       | <input type="radio"/> GENETIC PROBLEMS |
| <input type="radio"/> ARTHRITIS           | <input type="radio"/> HEART ATTACK | <input type="radio"/> AUTO IMMUNE      |
| <input type="radio"/> HIGH BLOOD PRESSURE | <input type="radio"/> SCOLIOSIS    | <input type="radio"/> ANEURYSM         |
| <input type="radio"/> OTHER: .....        |                                    |  |

PLEASE MARK ON THE IMAGE BELOW THE AREAS OF CONCERN:



Pain: //

Numbness: XXXXXX

Pins and Needles: ++++++

**PATIENT SYMPTOM HISTORY**

**PLEASE TICK ALL THAT APPLY TO YOU:**

- HEADACHES
- EAR RINGING/BUZZING
- NAUSEA/ VOMITING
- DIZZINESS/ VERTIGO
- FAINTNESS/LIGHT HEADED
- VISUAL DISTURBANCES
- NUMBNESS/ TINGLING
- PARALYSIS
- DIFFICULTY SPEAKING
- HEART TROUBLES
- CHEST PAINS
- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- POOR CIRCULATION
- DEPRESSION/ ANXIETY
- LOSS OF ENERGY
- PAIN THAT WAKES YOU
- WEAK BONES/ OSTEOPOROSIS
- ALLERGIES.....
- PREGNANCY \_\_\_\_\_ WEEKS
- NECK PAIN/STIFFNESS
- UPPER BACK PROBLEMS
- LOWER BACK PROBLEMS
- SHOULDER PROBLEMS
- HIP PROBLEMS
- ARM PAIN/ CRAMPS/ TINGLE
- LEG PAIN /CRAMPS/ TINGLE
- STROKE
- LUNG PROBLEMS
- LIVER PROBLEMS
- KIDNEY PROBLEMS
- BOWEL PROBLEMS
- PROSTATE PROBLEMS
- WOMEN'S REPRODUCTIVE
- CANCER/TUMOR
- AIDS/STD'S
- DIFFICULTY SLEEPING
- ANEURYSM

**PATIENT SIGNATURE .....**

## INFORMED CONSENT TO CHIROPRACTIC CARE

### **PLEASE READ AND SIGN**

Chiropractic care is recognised as a safe and effective method of care for many conditions. Research suggests that Chiropractic (including spinal manipulations/ adjustments, soft tissue techniques, exercises and home advice) can help with spine related conditions. Including headaches, back pain, sciatica. Chiropractic care has stood the test of time and the risk of injuries or complications from Chiropractic treatment is lower than that associated with many medical and other treatments.

The aim of the treatment is always to improve the patient's health, however, the patient should be aware before undergoing a treatment and understand the relevant factors in relation to it.

I, am consulting Aaron Chiropractic for the assessment, diagnosis and treatment of:

**List complaint/s:**.....

The treatment from your Chiropractor will include multiple techniques. You may hear a click/pop sound during the treatment. This is a normal response and is simply the gas being released from the joint. If at any point during the consultation you feel uncomfortable or experience pain, please inform the Chiropractor as they are able to modify the procedure to suit you

Alternatives to Chiropractic treatment (*OFFICE USE ONLY*)

Massage.....Physiotherapy.....Chinese medicine.....Naturopath.....Bowen

**With Chiropractic treatment there is a potential risk involved which includes, but is not limited to:**

- a) In the case of treatment with manipulation or adjustment to the spine and pelvis, temporary soreness may occur in about 1 in 3 patients; strains and sprains to the muscles, ligaments and other soft tissues occur but are uncommon; rupture to discs between the spinal vertebrae are uncommon but in these cases nerve pain can ensue with radiation of pain into the arms, trunk or legs. In rare instances this can cause permanent disabling pain and weakness in an arm or leg, and in very rare instances bowel, bladder and penis erectile function can be impaired; another rare event is fracture to the ribs and other spinal vertebrae,
- b) In the case of manipulation or adjustment to the neck there have been reported additional cases of injury to arteries in the neck. These are very rare events (approximately 1:100,000 persons) but if they occur they have been known to cause strokes sometimes with serious injuries such as quadriplegia or death. The risk of these most catastrophic events is extremely rare.
- c) In a minority of cases the treatment may not be successful and I may be in the same position I am now.

Please list any terms which you would like further clarification on or did not understand:

.....

**Date** ...../...../.....

**Patients name (BLOCK LETTERS):**.....

**Patients Signature:** .....

Chiropractor Name:

Chiropractor Signature: .....