BRUNSWICK CHIROPRACTIC

private & confidential

Title: Mr/Miss/Mrs/Ms First Name: _____ Surname: _____

Male / Female D.O.B _____ Single / Married / Divorced / Defacto / Widower

Address: _____ Suburb:_____ Postcode:_____

Mobile #: _____ Telephone (H):_____ Telephone (W):_____

Email: _____ Occupation:_____

Emergency Contact:

Name & Relationship _____ Contact Number: _____

Medical Practitioner Name: _____ Phone: _____

Medical Practice Name & Address: _____

Please tick how you found out about us?

☐ Sign/Passing by ☐ Flyer/Brochure/Business Card ☐ Online, if so ☐ Website ☐ Google ☐ Facebook

☐ Other online source _____ ☐ Referral (Name so we can thank them) _____

Medical History: Please tick all appropriate boxes

Heart Problems ☐ You ☐ Family	High or Low Blood Pressure ☐ You ☐ Family	Heart Disease / Stroke / DVT ☐ You ☐ Family	Varicose Veins / Skin Problems ☐ You ☐ Family
Abdominal / Digestive / IBS ☐ You ☐ Family	Hernias ☐ You ☐ Family	Diabetes ☐ You ☐ Family	Asthma / Breathing Difficulties ☐ You ☐ Family
Chest Pain ☐ You ☐ Family	Allergies / Sinus Problems ☐ You ☐ Family	Headaches / Migraines ☐ You ☐ Family	Dizziness / Nausea / Fainting ☐ You ☐ Family
Menstrual Problems / PCOS ☐ You ☐ Family	Epilepsy / Seizures ☐ You ☐ Family	Hearing Difficulties ☐ You ☐ Family	Visual Problems ☐ You ☐ Family
Arthritis / Osteoporosis ☐ You ☐ Family	Numbness or Tingling ☐ You ☐ Family	Hepatitis / HIV / AIDS ☐ You ☐ Family	Cancer / Tumours ☐ You ☐ Family
Incontinence / Urinary Problems ☐ You ☐ Family	Mental Illness / Depression / Anxiety ☐ You ☐ Family	Glandular fever / Chronic Fatigue ☐ You ☐ Family	Are you pregnant? YES / NO How many weeks?_____ Number of Children_____

Have you had any bone fractures / hospitalisations / surgeries / car accidents?: _____

_____

_____

Are you suffering any other conditions?: _____

_____

Last general health check? Do you have any scans (MRI/X-rays/CT scans/Ultrasounds/Blood tests): _____

_____

Current medications (including supplements): _____

_____

Do you Smoke / Take recreational drugs? ☐ Yes ☐ No If so, which & how frequent? _____

Hobbies / Interests / Current Exercise Habits: _____

_____

180 Sydney Road, Brunswick 3056 VIC - brunswickchiro.com.au - 03 9388 1233

Which of the following therapies have you tried before?:

☐ Chiropractic ☐ Osteopathy ☐ Myotherapy / Massage ☐ Physiotherapy ☐ Acupuncture ☐ Naturopathy

☐ Chinese Medicine ☐ Podiatry ☐ Kinesiology ☐ Bowen ☐ Other: _____

Primary complaint: _____

_____

_____

Informed consent

Brunswick Chiropractic collects personal information to enable us to determine your suitability for treatments offered. The information will only be used for that purpose and will remain confidential and stored securely. If the information you have provided with us is incorrect or changes, please contact us so we can make the relevant changes. All of our therapists are registered with their respective professional associations and use techniques that are recognised as being effective and safe methods of care for many conditions.

Please read the following carefully and tick if you agree:

☐ I understand that 24 hours notice must be given when cancelling a booking or a cancellation fee may be charged.

☐ I consent to Brunswick Chiropractic practitioners touching my body in order to conduct their job in a professional manner. I may be asked to remove items of clothing. If I feel uncomfortable with any aspect during my assessment, examination, evaluation and treatment, I can discuss this with my practitioner. I am also aware that it is possible to have a chaperone in attendance.

☐ I understand the risks associated with treatment provided by the Brunswick Chiropractic practitioners:

- Most common side effect: Muscle and joint soreness or strains (post treatment soreness)*
- Rare side effects:
  - Increased pain or severity of symptoms, nausea and dizziness, nerve damage, fatigue or diarrhoea
  - In very rare circumstances, some treatments of the neck may damage a blood vessel and lead to stroke or related symptoms (current statistics show between 1 in 2 million to 1 in 5.85 million -Haldeman, et al. Spine vol 24-8 1999).
  - Strain/injury to a ligament or a disc in the neck (current statistics show less than 1 in 139,000) and the low back (current statistics show 1 in 62,000 Dvorak study in Principles and Practice of Chiropractic, Haldeman 2nd Ed.). For some patients especially with bone weakening diseases, a fracture of a bone although rare is possible.

Please feel free to contact your practitioner and discuss any concerns if you need to.

☐ I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.

☐ I appreciate that results are not guaranteed. It may take several sessions before my condition is relieved.

☐ I consent to contact with my doctor to obtain medical records and/or results and to disclose details of my medical history / treatments to other practitioners at Brunswick Chiropractic or to my doctor in order to provide the best treatment and care for me.

☐ I acknowledge that if I fail to notify the Brunswick Chiropractic practitioner in regard to changes in my health that there will be no liability on the practitioner's behalf.

I also consent to the following therapies should it be advised:

☐ dry needling
☐ manipulation of the spine
☐ cupping
☐ soft tissue therapy

☐ I have read the above, and I have also had the opportunity to ask questions about its content. I understand that I can withdraw my consent at any time.

☐ I understand that this consent to treatment is valid for any and all practitioners working at Brunswick Chiropractic.

Name:
or _____ Signature: _____ Date: _____
Parent / Guardian Name

***PLEASE NOTE:** Post-treatment soreness following treatment is experienced by some clients. This soreness can often be described as "I feel like I've done a vigorous gym session". This is a normal and natural response to treatment and may last up to 24-48 hours. Recovery is best with increased water intake, light exercise / walking and gentle stretching.