

Funnell Chiropractic Adult History Form



Dr. Mr. Mrs. Ms. Miss Mstr Other _____ (Preferred name: _____)

Name (full): _____

Date of Birth: ____/____/____ Age: ____

Home Address: _____

Postal (or write As Above) _____

Phone (home): _____

(work): _____

Mobile: _____

Occupation: _____

Employer: _____

Partner's Name: _____

Marital Status: _____ (or N/A)

How did you find out about us?

Yellow Pages Online Website Yellow Pages Newspaper Ad Local Directory or _____
Family / Friend / Health Professional (Please let us thank them) _____

Why you are here: _____

When did this begin? _____

Have you ever had a work / vehicular related injury?

If yes Please give us details: _____

Have you had any surgery? Please provide a brief history: _____

Do you taken any medication? Please give details: _____

Do you have any current health concern(s)?

If so Please describe: _____

Have you received any advice or treatment for it?

If yes: What have you been told? _____

Were there any improvements to your health? _____

Have you ever received spinal adjustments by a Chiropractor?

If yes When, and by whom? _____

Circle the areas where you have any problems.
Please also describe these problems.

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Financial Agreement: We would appreciate payment at the time of consultation.

I understand that I am personally responsible for full payment of all charges for my care and any services are payable on the same day the service is rendered.

Patient or Guardian's Signature: _____

Name of Private Health Fund (if applicable): _____

Centrelink or HealthCare card number: _____ expiry ___ / ___

INFORMED CONSENT FOR CHIROPRACTIC CARE

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage arteries in the neck and give rise to stroke or stroke-like symptoms. These are very rare events (approx 1: 100,000 to 1: 400,000) but if they occur have been known to cause stroke sometimes with serious injury such as quadriplegia or death. The risk of these most catastrophic events is extremely rare.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). [Dvorak study in Principles and Practice of Chiropractic, Haldeman.]

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

The procedures to be used in your case will be described after which you will be asked if you have any questions. After speaking with the chiropractor we request that you sign below, as your consent to proceed is required.

Patient's signature: _____ Print name: _____

Date _____