Helena Valley Chiropractic

Welcome to Chiropractic

Full Name _____ Sex____ Date of Birth_____

Address_____

Suburb_____ State_____ Post Code _____

Home Phone _____ Work _____ Mobile_____

Email address _____Marital Status_____

Occupation _____ Work Duties _____

Which private health fund are you currently with? _____

Whom to notify in case of emergency _____ Phone Number_____

Whom may we thank for referring you _____

HEALTH HISTORY:

Reason for seeking care: _____

Are you under the care of any doctor? __ Yes __ No

Have you seen a Chiropractor before? _____ How long since your last visit? _____

Describe any health problems and how long you've had them:

_____

Have you had accidents or injuries before? __ Yes __ No If yes, explain:

_____

Are you currently taking medication? __ Yes __ No list medications: _____

_____

Have you taken medication in the past? __ Yes __ No list medications _____

List conditions you are taking medications for: _____

List the approximate dates of any surgery or treated conditions: _____

_____

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is this condition worse during certain times of the day? Y/N

Is this condition interfering with work? _____

Sleep, Routine or Other? _____

Is this condition progressively getting worse? _____

On a scale of 1 – 10. How committed are you to resolving your health concern _____?

Have you had any of the COVID vaccines? _____ Date given: _____

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Liforce Pty Ltd T/A Helena Valley Chiropractic
ACN: 117424807

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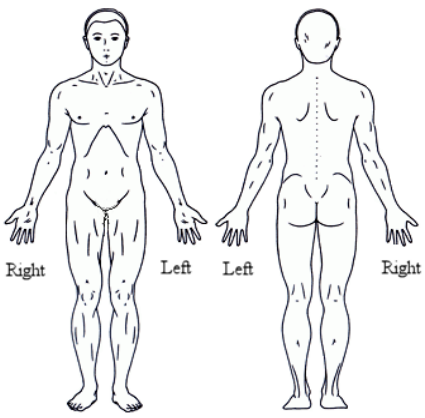
Condition, Symptom or Problem	Often	Sometimes	Never
HEADACHES			
MIGRAINES			
NECK PAIN			
SHOULDER PAIN			
ARM /HAND PAIN			
MID BACK PAIN			
LOWER BACK PAIN			
HIP PAIN			
LEG FOOT PAIN			
DISC PROBLEMS			
ARTHRITIS			
OTHER JOINT PAIN			
DIZZINESS			
NAUSEA			
WEAKNESS			
FATIGUE			
NERVOUSNESS			
INSOMNIA			
HEART PROBLEMS			
VISION CHANGES			
NOSE BLEEDS			
RINGING IN EARS			
EARACHES			
HEARING LOSS			
COUGH			
CHEST PAIN			
FEMALE PROBLEMS			
ALLERGIES			
ASTHMA			
OSTEOPOROSIS			
DIABETES			
CANCER			
HYPOGLYCEMIA			
DIGESTIVE PROBLEMS			
URINARY PROBLEMS			
FREQUENT COLDS			
SKIN CONDITIONS			
OTHER			

Please circle the areas where you have any problems



PLEASE NOTE

Chiropractors and other practitioners who use adjustments (manipulation) are now required legally to advise patients with spinal problems of the following:

Over the years there have been rare incidents of injury to vertebral artery during the course of neck adjustments. This has caused stroke or stroke-like occurrences, which are usually of a temporary nature. The chances of this happening are 1 in 1-1.5 million.

Other very slight risks with treatment include muscle strains and disc injuries. With these incidents, a full recovery is anticipated.

Further diagnostic tests such as EMG with or without x-rays may be performed on yourself to further minimise any risk.

Chiropractic is considered to be the safest and most effective form of treatment for your problem. No person in Australia has died from a chiropractic adjustment.

If you have any further questions regarding this matter, please ask your chiropractor.

Cancellation Policy

It is our aim to provide high quality, timely treatment at all times. To assist us in this matter, if you are unable to attend please call **48 hours before Chiropractic Homeopathy or Massage appointment**. NB: **A cancellation/missed appointment fee of 50% of the Scheduled Appointment Fee may be charged if this notice of change of appointment is not given.**

Always ask us when you have a question. Not asking a question can lead to confusion and a loss of communication. Remember, to improve your personal "life force" is a mutual effort. Its success depends upon communication, commitment and understanding. We care about you. We may contact you as a follow up on your treatment.

A newsletter will be provided for any relevant advice or updates to our practice which you may unsubscribe at any time.

I, the undersigned, understand this clinic functions on a cash basis and I am financially obligated for any fees, including all amounts left outstanding after MVA, Workers Compensation and other insurance claims have been finalised.

Signed: .....

Print name here: .....

Date: / /

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