

# 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 \_\_\_\_\_  
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? \_\_\_\_\_

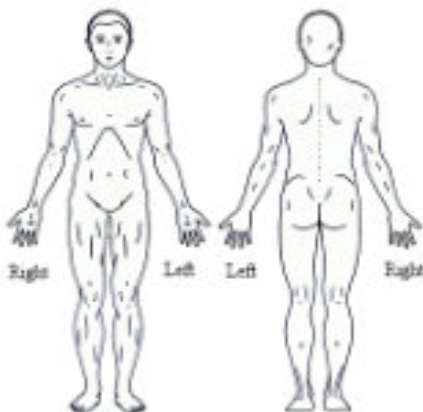
Is this condition progressively getting worse? \_\_\_\_\_  
\_\_\_\_\_

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

# Helena Valley Chiropractic

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 reactions to care. With these incidents, a full recovery is anticipated.

Further diagnostic tests such as x-rays may be requested of yourself to further minimise any risk.

Chiropractic is considered to be the safest and most effective form of treatment for your problem.

If you have any further question 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.**

**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.

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:** / /