

## **CONSENT TO CHIROPRACTIC TREATMENT**

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, Active Release Technique (ART), Graston Technique and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

### **Benefits**

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

### **Risks**

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- Temporary worsening of symptoms – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- Skin irritation or burn – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- Sprain or strain – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Rib fracture – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- Injury or aggravation of a disc – Over the course of a lifetime, spinal discs may degenerate or become damaged.

A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting.

Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- Stroke – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood

clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke. The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

**Alternatives**

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

**Questions or Concerns**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor’s attention. If you are not comfortable, you may stop treatment at any time.

**Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.**

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature of patient (or legal guardian)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Chiropractor

\_\_\_\_\_  
 Date



Date:

Patient Name:

**PATIENT HISTORY**

Primary reasons for seeking chiropractic care:

- 1) Where is most of the pain or discomfort? \_\_\_\_\_
  
- 2) Any other areas of pain or discomfort? \_\_\_\_\_

List any other health problems you may be experiencing at this time \_\_\_\_\_

Is this problem recurrent or is this the initial onset? \_\_\_\_\_

What do you feel caused this problem? \_\_\_\_\_

Complaints began when and how? \_\_\_\_\_

Have you seen other doctors for this condition? If yes, describe treatment and outcome of treatment:  
\_\_\_\_\_

List any current medications you are presently taking:  
\_\_\_\_\_

How long have you been taking them? \_\_\_\_\_

Have you had X-rays in the last six months? Yes \_\_\_\_\_ No \_\_\_\_\_

What parts of body did you have x-rays? \_\_\_\_\_

X-rays may be required for chiropractic treatment. Is there any reason you would be opposed? \_\_\_\_\_

Did you have any other therapy done for this condition (chiro/physio/massage etc.)? \_\_\_\_\_

Any future appointments with Specialists/Surgeons? \_\_\_\_\_

Any future appointments for tests/imaging (i.e. MRI, Ultrasound, CT Scan etc.)? \_\_\_\_\_

List any and all hospitalizations, injuries, accidents or surgery you have had and when:  
\_\_\_\_\_

Please circle the quality of complaint: Dull / Aching / Sharp / Shooting/ Burning / Throbbing / Deep /  
Nagging / Other \_\_\_\_\_

Does this complaint travel to any areas of your body? Where? \_\_\_\_\_

Do you have any numbness or tingling in your body? Where? \_\_\_\_\_

Grade Intensity/Severity of Pain: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible pain imaginable)

How frequent is complaint present, how long does it last? \_\_\_\_\_

What aggravates your condition?     Sitting / Bending / Lying / Standing / Lifting / Walking / Cold / Heat

What relieves your condition?         Massage / Adjustments / Cold / Heat / Other:  
\_\_\_\_\_

Do you have a regular exercise program? \_\_\_\_\_ Do you take vitamins or supplements regularly? If so,  
please list \_\_\_\_\_

How do you sleep? On your side, back, or stomach? \_\_\_\_\_ 1/ 2 / 3/ pillows



Chiropractic and Rehabilitation

Dr. Michael Lee, B.Sc., D.C  
Doctor of Chiropractic  
Active Release Techniques®

Date:

Patient Name:

## General Systems Review

### Respiratory

- Allergies
- Asthma
- Bronchitis
- Chest Pain
- Cough
- Emphysema
- Frequent Colds
- Hay Fever
- Pneumonia
- Smoker
- Trouble Swallowing

### Skin

- Acne
- Boils
- Colour Changes
- Dermatitis
- Dryness
- Eczema
- Fungal Infection
- Herpetic Infection
- Itching
- Lumps
- Pain
- Polyps
- Psoriasis
- Rashes
- Scars
- Shingles
- Steroid Therapy
- Swelling

### Vision

- Blurred Vision
- Cataracts
- Double vision
- Dyslexia
- Glaucoma
- Light Sensitivity
- Redness
- Tearing

### Cardiovascular

- Angina
- Ankle Swelling
- Arrhythmias
- Arteriosclerosis

- Blood Clots
- Chest Pain
- Cold/Blue Hands, Feet
- Heart Attack
- High Blood Pressure
- Low Blood Pressure
- Noticed Heart Racing
- Pounding Sensation
- Rheumatic
- Shortness of Breath

### Hair

- Colour changes
- Recent loss

### Ears

- Buzzing
- Discharges
- Dizzy infection
- Ringing
- Tinnitus

### Head

- Concentration
- Concussion
- Headaches
- Insomnia
- Memory decline

### Mouth/Throat

- Bleeding
- Gum Disease Dental Decay
- Sore Throat
- Toothache

### Gastro-intestinal

- Appendicitis
- Appetite Loss
- Black Stool
- Blood in Stool
- Colitis
- Constipation
- Crohn's Disease
- Diarrhea
- Digestive Disorders
- Gall Bladder Problem
- Gas and Bloating
- Heart Burn

- Irritable Bowel Syndrome
- Nausea
- Pain
- Pain after Eating
- Poor Appetite
- Stomach Cramps
- Stomach pain when upset
- Ulcers
- Vomiting

### Urinary

- Bed Wetting
- Bladder & Kidney Infections
- Blood in Urine
- Burning
- Decreased force
- Decreased frequency
- Dribbling
- Hesitancy
- Incontinence
- Increased frequency
- Infections
- Kidney stones
- Yeast infection

### Vascular

- Anemia
- Cold hands and feet
- Easy bleeding
- Easy bruising
- Hemorrhoids
- Leg pain after walking
- Raynaud's Disease
- Swelling
- Thrombophlebitis
- Varicose veins

### Musculoskeletal

- Arthritis
- Back ache
- Disc problems
- Fractures
- Gout
- Hernia
- Joint pain



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Date:

Patient Name:

- Muscle cramps
- Muscle injury
- Osteoarthritis
- Osteoporosis
- Paralysis
- Rheumatoid
- Scoliosis
- Stiffness

**Neurological**

- Alzheimer's
- Burning sensation
- Epilepsy
- Fainting
- Numbness
- Parkinson's
- Sciatica
- Seizures
- Tingling sensation
- Tremors

**Endocrine**

- Cold intolerance
- Diabetic
- Heat intolerance
- Hyperthyroid
- Hypothyroid
- Increased sweating
- Increased thirst
- Increased urine output
- Water retention

**Female Reproductive**

- Pregnant
  - NO
  - YES: Due date\_\_\_\_\_
- Birth control pills
- Bleeding between periods
- Discharges

- Frequent periods
- HIV
- Hysterectomy
- Increased flow duration
- Increased menstrual flow
- Lumps
- Menopause
- Painful menstrual cycle
- Pelvic inflammation
- PMS
- Regular period
- STD

**Male Reproductive**

- Impotence
- Prostate problems
- Pus discharge
- Rashes
- STD
- Testicular pain
- Trouble with urination

**Pain or Numbness**

- Ankles
- Arms
- Feet
- Hands
- Hips
- Knees
- Legs
- Sciatica
- Shoulders
- Swollen joints
- Tail bone

**Other Conditions**

- AIDS
- Alcoholism
- Cancer
- Chemotherapy

- Depression
- Gout
- Hepatitis
- HIV Positive
- Multiple Sclerosis
- Nights sweats
- Radiation therapy
- Recent traumatic event
- Steroid therapy
- Surgery

**Family History**

- Arthritis
- Auto immune condition
- Cancer
- Diabetes
- Genetic problems
- Heart attack
- High blood pressure
- High cholesterol
- Hyperthyroidism
- Stroke
- Vascular problems

**Childhood Conditions**

- Allergies
- Asthma
- Chicken pox
- Diphtheria
- Ear infections
- Measles
- Mumps
- Rheumatic fever
- Scarlet fever
- Typhoid fever
- Whooping cough
- Other \_\_\_\_\_

**Additional Information**

Medications: Are you on any medications? If so please list them.

Surgeries: Have you had any previous surgeries or do you have future surgery scheduled?

Other information: Other relevant information pertaining to this case?

Date:

Patient Name:

### Pain Diagram

In the diagrams provided, please mark the areas on your body which you feel best represent the pain(s) and/or sensation(s) you are experiencing. Please include all areas. Use the symbols provided below.

**SYMBOLS:** Numbness  
Burning  
Dull & Aching

=====
XXXXX
+++++

Pins & Needle  
Stabbing & Sharp  
Stiff & Tight

/////
////
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Pain Scale	Amount of pain or discomfort you are experiencing
0	No pain or discomfort
1, 2, 3	The pain or discomfort is an annoyance
4, 5, 6	The pain or discomfort interferes with activities
7, 8, 9	The pain or discomfort prevents me from performing certain activities
10	The pain or discomfort sends me to the emergency room

