

Date: _____

Name: _____ Sex: Male Female

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Ext. _____ Cell: _____

Date of Birth: ____/____/____ Age: _____ eMail: _____
(D) (M) (Y) (Required for appointment reminders)

Occupation/Work Duties (i.e. Desk Work): _____

Spouse's Name: _____

Names of Children and Ages: _____

Have you ever recieved chiropractic care? : No Yes

If Yes:

Who: _____ When: _____

Who referred you: _____

Medical Doctor: _____ Last Visit Date: _____

Are you being medically monitored for any condition? No Yes

About Your Health:

The human body is designed to be healthy. There are many events that occur, habits that we learn and chronic stresses we accumulate throughout our lifetime which place stress on our spine and nervous system, impedeing our ability to maintain proper health and balance. This accumulation of stress can have a serious negative, degenerative and damaging effect on your overall health potential.

Please take a moment now to fill out these few simple questions so that we can understand your overall health picture and develop an appreciation of the layers of damage and stress that may exist in your body which are impeding your body's ability to be well and healthy.

Symptoms and ill health

As the years go by and the layers of damage increase, it is common to begin to experience symptoms and random bouts of ill health until we are brought to our present state of health.

Present reason for visiting our office:

- Patch Up – Pain Relief Care
- Correction and prevention of existing problem
- Maximizing personal and/or family health potential

If you have a specific chief complaint, please describe briefly.

How and when did this problem start?

Does the pain radiate or travel anywhere else? _____

Is the problem... constant intermittent worse with movement

Is condition worse... in the A.M. in the P.M. no change

Is the condition interfering with...

sleep work routine other: _____

Is condition getting progressively worse? Yes No

Pain feels... sharp dull throbbing

aching shooting nagging other: _____

What aggravates your condition / pain?

What relieves your condition / pain?

If your condition was treated in the past, please describe treatment and results.

Have you had x-rays taken of this area? Yes No

Secondary complaints?

Have you ever or do you presently suffer from any of the following symptoms?

Please list present treatment and include any medications being taken.

<input type="checkbox"/> Headaches _____	<input type="checkbox"/> Ear Ringing _____	<input type="checkbox"/> Stiff/painful neck _____	<input type="checkbox"/> Nervousness _____
<input type="checkbox"/> Depression _____	<input type="checkbox"/> Tension _____	<input type="checkbox"/> Fatigue _____	<input type="checkbox"/> Sleep problems _____
<input type="checkbox"/> Chest pains _____	<input type="checkbox"/> Heart/lung issues _____	<input type="checkbox"/> Digestive Disorder _____	<input type="checkbox"/> Menstrual problems _____
<input type="checkbox"/> Numbness or pins & needles in legs _____	<input type="checkbox"/> Numbness or pins & needles in hands _____	<input type="checkbox"/> Cold feet/hand _____	<input type="checkbox"/> Arthritis - Where? _____

Are there any other medication or treatment you are receiving? *(include birth control pills)*

List any surgeries and include when? _____

What if any side effects have you experienced from your medications or surgery?

Family History of Medical Illness:

Chiropractic provides three types of care:

These options will be presented to you at your Report of Findings

- Relief Care:** Initial intensive care which corrects the most recent spinal and neurological damage. The aim is to aggressively manage the pain to reduce or eliminate the symptoms.
- Corrective Care:** Addresses the underlying spinal conditions and pressure on the nerves which accumulate and create health problems. Left uncorrected these cumulative stresses will lead lead to wear and tear on the spine putting pressure on the nerves disrupting your body's health.
- Wellness/Maintenance Care:** Minimizing the degenerative stresses on the spine and maintaining proper nerve function to allow your body to express health fully and function at it's optimal best .

I agree to having a complete chiropractic evaluation with Dr. Chad Morton which includes:
- health history, postural/orthopedic/neurological evaluation, static EMG analysis and report of findings.

Office Policies and Fee Schedule

Welcome to the Mount Albert Chiropractic & Wellness Centre. We are committed to providing you and your family with the highest quality chiropractic care available so that you can enjoy an active healthy life. We will be working closely together to help you and your family reach your health and wellness goals.

OFFICE POLICIES

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential that we work together towards the same objective.

Appointments

A certain number of adjustments in a given period of time is necessary to get the best results from your care and create wellness in your life. While we cannot predict the exact number of adjustments you will need, we do know that consistency creates the best results. Therefore it is absolutely necessary that you keep your appointments. If you need to change an appointment please call or email in advance to reschedule it within 24 hours for you to stay on target for wellness. We will do all we can to accommodate you.

Daily Visit Procedures

Each time you arrive for your adjustment, check in with the receptionist and take a seat in the reception room until you are directed to an adjusting room by the front desk staff. Go back to the adjusting table, lie down on your stomach and relax until the doctor becomes available for your treatment. Our open environment allows you to receive your care quickly and efficiently with minimal waiting. Should you feel the need for a private adjustment or consultation, inform our staff and gladly accommodate you.

Re-Evaluations

During your chiropractic care you will receive several dynamic re-evaluations to monitor your level of spinal correction. On this visit you will fill our and Update Form and be taken to the examination room. All the findings from the first visit will be retested. Plan on spending an extra 15 minutes on these appointments. Patients who have not had care for greater than 6 months are legally required to undergo a re-evaluation visit.

Results

We are very results-oriented, however many factors that we have no control over may affect how quickly you respond to your care. These include your age, occupation, how long you have had your vertebral subluxations and how many subluxations are present in your spine. The recommendations we make will consider these factors along with the current condition of your spine. We will do all we can to get you to Wellness Care as quickly as possible.

FINANCIAL POLICIES

We are committed to providing the best chiropractic care possible in a positive caring environment and have established our financial policies to achieve that goal.

There are three convenient ways to pay for your chiropractic services:

Pay Per Visit: Pay with cash, cheque, debit or credit card at the time the service is rendered.

Bi-Weekly Credit Card Billing: The office will store your credit card on file and bill you for the services rendered on the Friday of that current week.

Pre-Paid Care: Corrective care and Bulk Adjustment plans are designed to be the most cost time and cost effective way to receive your care. Pay a onetime fee and receive a discount on the total value of the chiropractic plan.

SERVICES

FEE

Initial Chiropractic Examination (History, Exam, sEMG scan)	\$ 125
Chiropractic Adjustment	\$ 40
Senior/Child Adjustment	\$ 35
Re-Evaluations/sEMG Scan	\$ 45
Bulk Adjustment Plans Available	3 Economical Plans Available
Orthotics	\$ 475 (\$150 deposit)

We look forward to joining you on your path towards building a better quality of life through chiropractic care.

I have read and agree to abide by the policies this office has set out in the Office Policy Form.

Doctors of chiropractic who use manual therapy techniques are required to advise patients that there are or may be some risks associated with such treatment. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains as a result of manual therapy techniques;
- b) There are reported cases of stroke associated with many common neck movements including adjustments of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustments and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustments is extremely remote;
- c) There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this consent.

I consent to the chiropractic treatments offered or recommended to me by Dr. Chad Morton and whomever they may designate as assistant chiropractors, to administer chiropractic care to myself, or to my son/daughter as deemed necessary. I intend this consent to apply to all my present and future chiropractic care.

Date: _____

Patient Signature

Witness of Signature

Name _____
(Please print)

Name _____
(Please print)