



Peninsula Village
CHIROPRACTIC

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Dr.
Doctor of
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I. Patient Information

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance, we will be happy to help. ****CONSENT TO BE SIGNED ON LAST PAGE*****

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

PHONE: Home: _____ Cell: _____ Work: _____

Email Address: _____

Appointment reminder preference PHONE: EMAIL:

Birth Date: _____ Age: _____

BC Care Card #: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone #: _____

How did you hear about our clinic? Friend: Phone Book: Sign: Other: _____

Do you have extended health Insurance? Yes No

Have you seen a chiropractor previously? Yes No

Practitioners name: _____ Date: _____

Reasons for past chiropractic care: _____

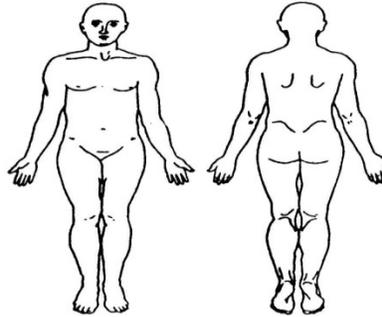
Results: Excellent Good Fair Poor

Medical Doctor: _____ Phone: _____

II. Current Condition

Reason for this visit: _____

On the diagram, please indicate areas that are bothering you:



Date symptoms began: _____

What was the cause? (if known): _____

Is this visit today the cause of: An auto injury? Yes No

Have you had a similar condition in the past? _____

Please describe the pain, and how often: _____

What makes the problem worse? _____ Better? _____

Is your condition becoming progressively worse? _____

Is the condition interfering with:

Work Sleep Daily Routine Sports/Exercise

Other: _____

Other health care practitioners seen for this condition:

Medical doctor Naturopath Physician Physical Therapist Registered Massage Therapist

List all serious traumas, accidents, or injuries: _____

Do you wear: arch supports or orthotics heel lifts

III. Health Information

Are you currently taking any medications? Yes No

If yes, please list them: _____

Are you currently taking any vitamins and/or supplements? _____

Have you ever had any serious illness/surgeries and/or been hospitalized? Please list details: _____

Please list any X-Rays, along with dates they were taken: _____

Please list any allergies: _____

Is there a family history of any of the following?

Heart Disease Arthritis Cancer Diabetes Autoimmune Conditions

Father's Side:

Mother's Side:

Others, please list: _____

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, 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 area 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 may vary according to each patient's condition as well as the location and type of treatment.

The risk includes:

- **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 issues 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 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 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 towards 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.

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: _____ 20_____

Signature of Chiropractor

Date: _____ 20_____
