MANGAWHAI CHIROPRACTIC

41 Seabreeze Road | Mangawhai Heads | Mangawhai 0505 | Phone 431 5282

SECTION A: PERSONAL DETAILS

First Name _____ **Surname** _____

Date of Birth DD MM YYYY **Gender** MALE FEMALE

Mailing Address STREET ADDRESS 1 **Phone Numbers** HOME

STREET ADDRESS 2 WORK

CITY + POSTAL CODE MOBILE

E-mail Address _____ **Occupation** _____

Sports/Hobbies _____

What is the reason for your visit today? _____

Have you previously received Chiropractic care? _____

If so, who was your Chiropractor and why did you stop care? _____

How did you find out about Mangawhai Chiropractic? _____

SECTION B: CURRENT HEALTH STATUS

Rate your current health status: TERRIBLE 1 2 3 4 5 6 7 8 9 10 FANTASTIC

Do you experience any of the following? (Circle all that apply)

Dizziness Fatigue Difficulty sleeping Allergies High blood pressure Loss of libido Difficulty breathing

Nausea Weakness Poor concentration Vertigo Abdominal pain Muscle cramping

Menstrual problems Indigestion Poor circulation Depression Anxiety Stress Headaches Migraines

Night sweats Changes in bowel/bladder function Unexplained weight loss/gain Swelling Abnormal lumps

Rate your current health goals on a scale of 1 = most important to 4 = least important

Improved health/quality of life ____
Increased performance ____
Rehabiliation ____
Pain relief ____
Other _____ ____

SECTION C: HEALTH HISTORY

Have you been treated for any health conditions in the last year? Y N (If yes, please explain)

_____

Have you ever been diagnosed with any chronic illnesses or conditions? Y N (If yes, please explain what and when)

_____

Have you ever been hospitalised, had any surgeries or major accidents? Y N (If yes, please explain what and when)

_____

How often do you get sick (cold, flu, sinus infection, etc)?

Have you had any x-rays or other imaging within the past 6 months? **Y** **N** (If yes, please explain)

Are you taking any prescribed medications? **Y** **N** (If yes, please explain what and what for)

Are you taking any non-prescription drugs or medication? **Y** **N** (If yes, please explain what and how often)

SECTION D: LIFESTYLE

How much water do you drink per day? _____

Do you smoke cigarettes? **Y** **N** (If yes, please explain how often) _____

Do you drink alcohol? **Y** **N** (If yes, please explain how often) _____

Do you drink caffeine? **Y** **N** (If yes, what and how often) _____

Do you exercise regularly? **Y** **N** (If yes, what and how often) _____

Do you take supplements? **Y** **N** (If yes, what and what for) _____

I have reviewed and certify that all the information that I have reported above is true, to the best of my knowledge.

Patient Signature: _____ **Date:** DD MM YYYY

INFORMED CONSENT

Chiropractic care, like all forms of health care, while offering considerable benefit, may be associated with some adverse effects. Adverse effects are rare and we endeavour to take all precautions necessary to avoid any complications. Some of the complications reported include sprain/strain injuries, irritation of a disc condition, and fracture. Vertebral artery injury and stroke is extremely rare and has been reported at an incidence of approximately 1 in 5 to 20 million cases.

Prior to receiving chiropractic care at Mangawhai Chiropractic, a health history and physical examination will be completed to assess your overall health, and in particular, the health of your spine. These procedures will be explained to you and will assist us in providing you with the highest quality of care and to determine if there are any indications to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you prior to initiating care.

I understand and accept that there are risks associated with chiropractic care and consent to the chiropractor performing the examinations he or she deems necessary and to the chiropractic care, including adjustments to the spine and extremities (where appropriate) following my initial assessment.

Patient Name: _____ **Date:** DD MM YYYY

Patient Signature:
(or Legal Guardian) _____