



Welcome to our office!

Please complete all questions.

Full Name: _____ Date: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone No. (H): _____ (W) _____ (M) _____

Birth Date: ____ / ____ / ____ Age: ____ Occupation: _____

Email address: _____

No. of hours you work each week: ____ Marital Status: _____ Partners Name: _____

Children's Names and Ages: _____

OUR PURPOSE

Is to encourage and inspire our community to develop a healthy, vital lifestyle enhanced by Chiropractic care and the natural healing abilities within.

Current health complaints/reason for consulting our office:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Have you had same or similar problem(s) before? _____

If so, for how long? _____

Is this the result of an motor vehicle or work injury? ____ If so when? _____

Father, mother, brother, sister, children with problems? __ If so who? _____

Other doctors you have seen for this problem: _____

Surgeries you have had: _____

Do you have any problems with your heart or lungs? _____

Do you have any problems with your stomach, intestines or urinary systems? _____

When were you last in hospital? _____

What accidents/traumas/ stresses have you been involved in? _____

Do you currently suffer from dizziness? _____

Medications you are currently taking: _____

Is there a chance you are pregnant: _____

Have you ever been diagnosed with cancer? _____ If so, what kind? _____

Do you have health insurance? ____ Name of company: _____

Level of Cover: _____

Have you received an adjustment by a Doctor of Chiropractic? _____

When was your last visit? _____ Were you pleased with the service? ____

Who may we thank for referring you? _____

Is there anything else we need to know about before we begin? _____

Patient Information – INFORMED CONSENT

Chiropractic is recognised as being effective and safe form of healing. In fact due to the wonderful results chiropractic is the largest drug free health care profession in the world. However, you must recognise that there are risks associated with all health care procedures, including assessment and treatment, which you should be informed about.

- You will be tested before any adjustments are applied
- Very rare risks may include muscle soreness, strain to a ligament or disc in the neck or low back and aggravation of the underlying condition.
- Extremely rare is the risk of damage to neck blood vessels which can result in stroke or like symptoms.
- Such risks may result in outcomes such as referral, further tests, surgery, incapacity and the like.
- Chiropractic adjustments of the spine are internationally recognised as being far safer than medication and many other alternatives (see below).

I acknowledge the above information and do not expect the Chiropractor to be able to anticipate all potential risks and complications associated with the proposed care.

I have had the opportunity to discuss the proposed care. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed chiropractic care and that I have been given sufficient time to make a decision giving consent for the care to proceed.

I acknowledge that I am aware of and understand the potential risks. I appreciate that results are not guaranteed.

I hereby acknowledge my consent to the performance of the proposed chiropractic care by Andrew Iggo and/or any other chiropractor working in this clinic. I understand that I can withdraw consent at any time.

Based on all the information provided, I consent to and look forward to receiving Chiropractic care at this office.

Patient Name – please print
(Please sign in presence of Chiropractor)
Andrew Iggo

Patient or Guardian Signature

Chiropractor Name

Chiropractor Signature

Date

Cervical Spine (Neck)	
- (temporary) Radiculopathy associated with disc injury.....	1:139,000
Vascular injury	1:1.2 million - 1:5.85 million
Lumbar Spine	
Disc injury with radiating pain	1:62,000
Radiculopathy (nerve damage).....	1:188,000
Cauda Equina Syndrome	1:565,000
<u>IN COMPARISON</u>	
Hospitalisation for Gastro-Intestinal Bleeding (NSAID)	1:250
(following one month of medication)	
Deaths associated with	
non steroidal anti inflammatory (U.S)	3200 p.a
eg, Voltaren, Nurofen, Naprosyn (AUS)	360 p.a
Death from general anaesthetic	1:1250
Death from Cancer (all kinds)	1:555
Injury from Motor Vehicle Accident	1:9300
Hospitalisation for adverse drug reactions	20,000 to 26,000 p.a