



Welcome back to our office! Please complete all questions so that our records are updated.

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 inspire and educate our community towards a healthy vital lifestyle, enhanced by chiropractic care and the natural healing ability within.

Current health complaints/reason for returning to 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 a 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: \_\_\_\_\_

**Have you had any accidents / surgery since we last saw you?** \_\_\_\_\_

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? \_\_\_\_

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.

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

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Patient or Guardian Signature

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Chiropractor Name

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Chiropractor Signature

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Date

Cervical Spine (Neck)	
- (temporary) Radiculopathy associated with disc injury.....	1:139,000
Vascular injury .....	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
<b><u>IN COMPARISON</u></b>	
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