

Chiropractic Exam

Confidential Health Records of: Name: _____ Date: _____

Reason for this visit: _____

When did this condition begin? _____ Has it: (check all that apply)

- Worsened Stayed constant Comes and goes

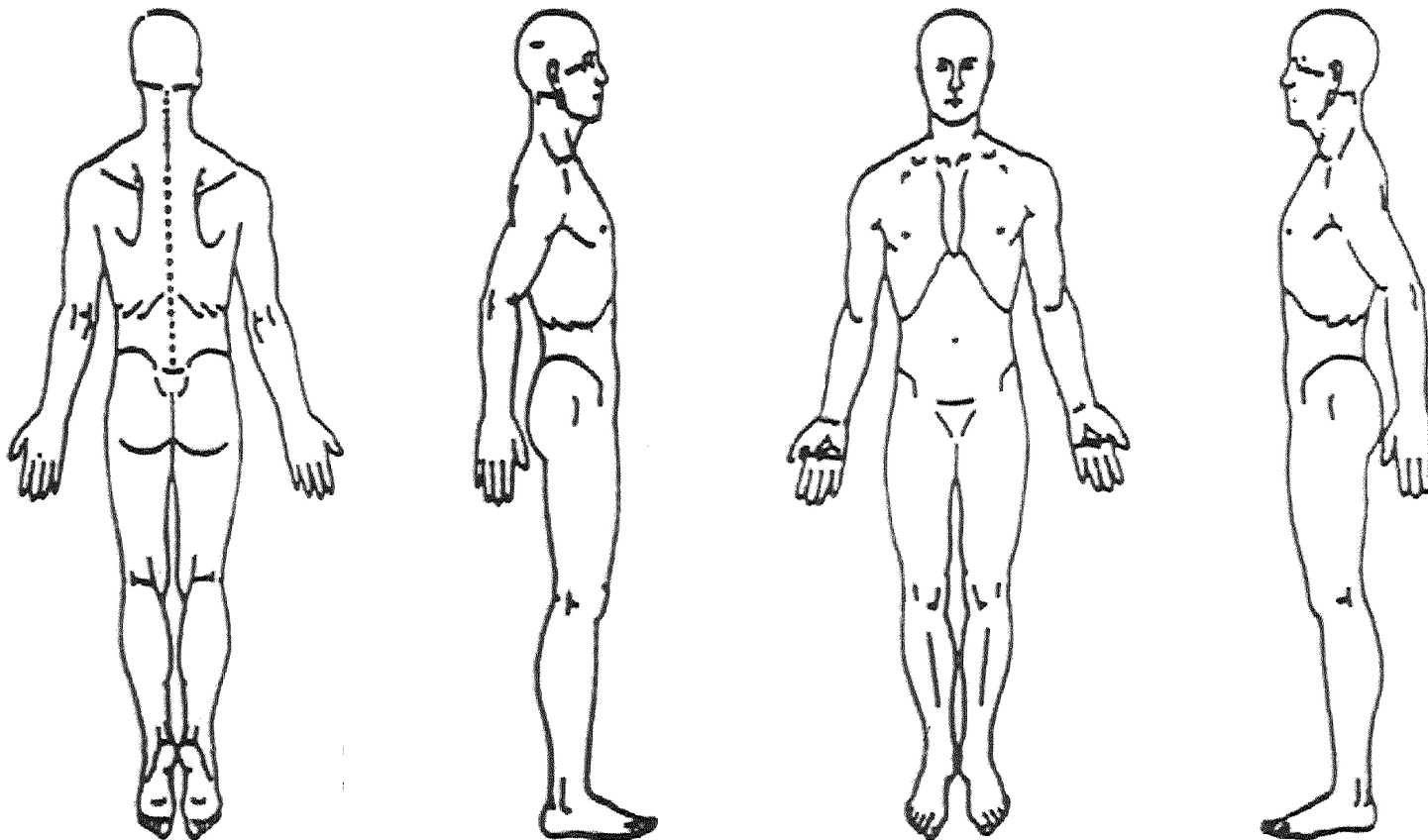
Does this condition interfere with: Work Sleep Daily routine Other activities

Explain: _____

Has this condition occurred before: Yes No Explain: _____

Please be sure to fill the picture out extremely accurately. Mark the area on your body where you feel the described sensations(s). Use the appropriate symbol(s), mark areas of radiating pain and include all affected areas. You may draw in the face as well.

- Numbness: ----- Pins & needles: ooooooo Burning pain: xxxxxxxxx Stabbing pain: ///////////////
 Aching pain: ((((((((((Stiffness: SSSSSSSS Dullness: xxxxxxxxx



Circle the pain level that most accurately represents your pain. **No Pain** ◀ 0 1 2 3 4 5 6 7 8 9 10 ▶ **Unbearable pain**

Right now: 0 1 2 3 4 5 6 7 8 9 10

Average pain: 0 1 2 3 4 5 6 7 8 9 10

At best: 0 1 2 3 4 5 6 7 8 9 10

At worst: 0 1 2 3 4 5 6 7 8 9 10

Have you seen a doctor for your condition? Yes No

Dr's name: _____

What type of treatment? _____ Results: _____

Who referred you? _____ Have you been adjusted by a chiropractor? Yes No

Reason for those visits? _____ Doctor's name: _____

Informed Consent for Chiropractic Treatment of your Pain

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device to manipulate the area treated. You may feel or hear a “click” or “pop,” and you may feel movement. Chiropractic treatment also includes activity advice, exercise, hot or cold packs or electric stimulation. Your chiropractor will recommend treatment she/he determines is the most appropriate for your condition.

Possible risks: Chiropractic treatment for pain is safe and the majority of patients experience slight increased pain in the treated area, possibly due to minor strain of the muscle, tendon or ligament. When this occurs within the first few days of treatment, the increased pain is brief and returns to baseline or improves over the next few days. Increased pain may also occur with exercise, heat, cold and electrical stimulation. Possible skin irritation or burns may occur with thermal or electrical therapy.

Serious bodily harm is extremely rare and not an inherent risk of chiropractic treatment. Many variables can adversely affect one’s health, including previous injury, medications, osteoporosis, cancer and other illness or disease or condition. When these conditions are present, chiropractic treatment may be associated with serious adverse events, such as fracture, dislocation or aggravation of previous injury to ligaments, intervertebral discs, seek medical and/or chiropractic care. Your chiropractor is aware of this association and when appropriate may assess for symptoms and signs of stroke. *Please inform your chiropractor of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical condition you have including osteoporosis, heart disease, cancer, stroke, fracture or previous severe injury.*

Other options for the treatment of pain include: *Do nothing - live with it, over-the-counter medications, physical therapy, medical care, injections or surgery.* There are hundreds of other treatments for pain. Most treatments that have potential benefits also have potential risk. You are encouraged to ask questions regarding possible risk of chiropractic treatment, and may use the space below for this purpose.

My signature below confirms that I have read the paragraphs above and that I understand what my chiropractor has told me about possible risks of chiropractic treatment and that I have had the opportunity to ask questions and have my questions answered. Also, I have fully disclosed to my chiropractor my medical history regarding the above specified complicating factors and all the other conditions that have caused me pain in the past

_____	_____	_____
Patient name:	Signature	Date
_____	_____	_____
Witness name	Signature	Date