North Brisbane and Ferny Chiropractic Clinic Consent Form

Chiropractic Care, when performed by a qualified Chiropractor has been found to be both effective and safe form of care for many health conditions. There are, however, risks associated with any treatment no matter how small, that you need to be informed of and we ask that you read the following carefully:

- I understand there are very minimal risks resulting from treatment, such as but not limited to; muscle and joint soreness, sprain, muscle strain, disc injury, nerve irritation or damage.
- I understand in extremely rare cases, some treatments to the neck may result in injury to blood vessels and give rise to stroke or stroke like symptoms.
- I understand that results are not guaranteed and that consent can be withdrawn at any time.
- I give consent for X-rays to be taken today if required.

Females only:

For X-ray purposes

Are you pregnant or likely to be pregnant? Yes No If yes, how many weeks? _____

Please sign _____ (FEMALES ONLY)

- I give consent, by signing below, to cover the entire course of treatment for my presenting complaint(s), and for any other future condition(s) for which I seek treatment from the below named Chiropractor and any of the registered Practitioners practicing at North Brisbane and Ferny Chiropractic Clinics.
- I have read, or have had read to me the above consent and I have also had an opportunity to ask questions about this content.

_____ _____

Patient's Signature (Parent or Guardian) Chiropractor's Signature

_____ _____ _____ _____

Patient's Name (PRINTED) Date Chiropractor's Name (PRINTED) Date

Ferny chiropractic

1/135 Ferny Way
Ferny Hills 4055
3351 0933

North Brisbane chiropractic

1/711 Stafford Road
Everton Park 4053
3354 3111

NEW PATIENT QUESTIONNAIRE

(STRICTLY CONFIDENTIAL)

Patient ID _____

ADULT **Date:** _____

Personal Details

Mr/Mrs/Miss/Ms_____

FIRST NAME **MIDDLE NAME** **SURNAME**

Address: _____

_____ Post Code _____

Telephone: (Home) _____ (Mobile) _____

(Work) _____ (Email) _____

Date of Birth: / / Age: ____ Number of Children: ___ Partners Name: _____

Occupation: _____ Health Fund: _____

Referral Details

Who can we thank for referring you to us:

Family/ Friend (name) _____ ❑ Chiropractic Association

❑ Health Fund ❑ Health Care Practitioners ❑ Internet ❑ Saw Signage

❑ Voucher ❑ Local Paper ❑ Spinal Care Class ❑ Yellow Pages

Accidents or Injuries

List any accidents or injuries:

	*D*ate		Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Medical Doctor is: _____ Phone Number: _____

Health Details

Tick which medication/s currently taken: ❑ Pain Killers ❑ Muscle Relaxants

❑ Anti- Inflammatory ❑ Birth Control ❑ Blood Pressure ❑ Vitamins

Please list any other/s not mentioned above: _____

List any Operations:

	Date		Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Known medical conditions and/or allergies (if any):

_____

_____

Our purpose is to educate and adjust as many families as possible towards optimal health through natural chiropractic care.

***Do you suffer from any of the following*:**

☐ Headaches	☐ Shortness of Breath	☐ Numbness in Arms/Hands
☐ Neck Pain/ Stiffness	☐ Loss of Smell	☐ Cold Hands/Feet
☐ Back Pain/ Stiffness	☐ Period Pain	☐ Cold Sweats
☐ Fatigue	☐ Constipation/ Diarrhoea	☐ Dizziness
☐ Depression	☐ Fainting	☐ Sleeping difficulty
☐ Fever	☐ Chest pain	☐ Can't fight infections

Which of the above is the main reason you have consulted this practice: _____

What was the cause: _____

When did the problem commence: _____

Is the problem: ☐ Getting Worse ☐ Staying the Same ☐ Getting Better

Have you had a similar case before: ☐ Yes ☐ No

Does it interfere with: ☐ Sport ☐ Home ☐ Sleep ☐ Recreation ☐ Work

Have you previously seen a chiropractor:

☐ Yes (Who) _____ Date:_____

☐ No

If yes was it for a similar condition:

☐ Yes

☐ No

Have you seen any other health professional about this problem:

☐ Yes (Who) _____ Date: _____

☐ No

Exercise/ Sports Activities

Please outline any exercises or sports that you are currently participating in:

_____

_____

_____

_____

Is there anything else you would like to tell us:

_____

_____

_____

_____