



## Patient Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred By: \_\_\_\_\_

MB Health (6 Digit #): \_\_\_\_\_ MB Health (9 Digit #): \_\_\_\_\_

### What symptom(s) brought you in today?

1.) \_\_\_\_\_ When did it start? \_\_\_\_\_ Intensity: \_\_\_\_ /10

Sharp  Stabbing  Dull  Achy  Throbbing  Numb  Tingling Radiates (if yes, to where)? \_\_\_\_\_

1.) \_\_\_\_\_ When did it start? \_\_\_\_\_ Intensity: \_\_\_\_ /10

Sharp  Stabbing  Dull  Achy  Throbbing  Numb  Tingling Radiates (if yes, to where)? \_\_\_\_\_

3.) \_\_\_\_\_ When did it start? \_\_\_\_\_ Intensity: \_\_\_\_ /10

Sharp  Stabbing  Dull  Achy  Throbbing  Numb  Tingling Radiates (if yes, to where)? \_\_\_\_\_

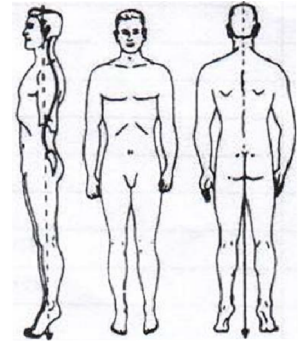
Is your problem as a result of:  Auto Accident  Work Accident  Slip & Fall

### Aggravating Factors:

- Cough  Sneeze  Lifting  Bending  Twisting
- Sitting  Standing  Walking  Driving
- Stairs Up  Stairs Down  Getting Up From Chair
- Getting In/Out of Car

### Relieving Factors:

- Ice  Heat  Massage  Stretching
- Sitting  Standing  Laying Down
- Other: \_\_\_\_\_



Please Circle Area(s) of Pain

Previous Treatments:  Chiropractic  Physiotherapy  Massage  Other: \_\_\_\_\_

Motor Vehicle Accidents:  Yes  No Injury date: \_\_\_\_\_ MPI Claim #: \_\_\_\_\_

Is this a WCB case?  Yes  No Injury date: \_\_\_\_\_ WCB Claim #: \_\_\_\_\_

Surgeries:  Yes  No When: \_\_\_\_\_

Fall on Tailbone:  Yes  No When: \_\_\_\_\_ Hit to the Head  Yes  No When: \_\_\_\_\_

Slips and/or Falls:  Yes  No \_\_\_\_\_ When: \_\_\_\_\_

Do you play or have you previously played any sports?  Yes  No Details: \_\_\_\_\_

**Previous Diagnosis:**

- Arthritis    Cancer    Hypertension    Diabetes    Heart Disease    Skin Disorder    Depression    Anxiety  
 Fibromyalgia    TMJ    Disk Herniation    Allergies    Lung Disorder    Stroke    Osteoporosis

Hereditary Factors (Family History): \_\_\_\_\_

Medications: \_\_\_\_\_

**Please Mark All that Apply Currently:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blood Pressure High/Low    | <input type="checkbox"/> Bladder Trouble     | <input type="checkbox"/> Jaw Problems          |
| <input type="checkbox"/> Chest Pain                 | <input type="checkbox"/> Constipation        | <input type="checkbox"/> Gout                  |
| <input type="checkbox"/> Palpitations               | <input type="checkbox"/> Diarrhea            | <input type="checkbox"/> Numbness              |
| <input type="checkbox"/> Swelling                   | <input type="checkbox"/> Heartburn           | <input type="checkbox"/> Dizziness             |
| <input type="checkbox"/> Neck Pain                  | <input type="checkbox"/> Vomiting/Nausea     | <input type="checkbox"/> Fainting              |
| <input type="checkbox"/> Arm Problems               | <input type="checkbox"/> Abdominal Pain      | <input type="checkbox"/> Muscle Spasms         |
| <input type="checkbox"/> Pain Between the Shoulders | <input type="checkbox"/> Hemorrhoids         | <input type="checkbox"/> Varicose Veins        |
| <input type="checkbox"/> Low Back Problems          | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Walking Problems      |
| <input type="checkbox"/> Leg Pain                   | <input type="checkbox"/> Coughing            | <input type="checkbox"/> Broken Bones          |
| <input type="checkbox"/> Painful Joints             | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Easy Bruising         |
| <input type="checkbox"/> Stiff Joints               | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Thyroid Problems      |
| <input type="checkbox"/> Sore Muscles               | <input type="checkbox"/> Sinus Problems      | <input type="checkbox"/> Lung Problems         |
| <input type="checkbox"/> Weak Muscles               | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Liver Problems        |
| <input type="checkbox"/> Rupture of Tendons         | <input type="checkbox"/> Ringing in the Ears | <input type="checkbox"/> Prostate Problems     |
| <input type="checkbox"/> Loss of Memory             | <input type="checkbox"/> Hearing Loss        | <input type="checkbox"/> Gall Bladder Problems |
| <input type="checkbox"/> Problems Concentrating     | <input type="checkbox"/> Ear Pain            | <input type="checkbox"/> Fatigue               |
| <input type="checkbox"/> Kidney Stones              | <input type="checkbox"/> Vision Problems     | <input type="checkbox"/> Sore Throat           |

## SUDERMAN CHIROPRACTIC

### CONSENT TO CHIROPRACTIC TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

#### Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

#### Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- Temporary worsening of symptoms — usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- Skin irritation or burn — Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- Sprain or strain — typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Rib fracture — while a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- Injury or aggravation of a disc — over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.
  - Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.
  - The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- **Stroke** — Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.
  - Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke. The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

**Alternatives**

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

**Questions or Concerns**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of patient (or legal guardian)

\_\_\_\_\_  
Signature of Chiropractor

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_