

The logo features the word "DUNDAS" in white, bold, uppercase letters inside a blue rounded rectangle. This rectangle is positioned over a stylized graphic of a black and white triangle with a pink and white striped pattern, resembling a chiropractic adjustment or a stylized 'D' shape.

DUNDAS

Chiropractic Centre

**“Our Concern
is
Your Health & Your Quality of Life”**

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Outline of Office Procedures for our New Patients

1. All new patients are requested to completely fill out this personal history questionnaire.
2. Consultation with the doctor to discuss your health concerns.
3. Diagnostic, chiropractic, orthopedic, and neurological examination procedures may be performed to determine if chiropractic care is appropriate for your condition or if a referral to a specialist is required.
4. Additional procedures such as laboratory and/or x-ray evaluation may be performed/ requested.
5. If your case requires immediate treatment, emergency care will be given.
6. A follow-up appointment will be made for the doctor to explain your condition and recommend appropriate treatment.

PERSONAL HISTORY

Date: _____

Name: _____

Birth Date: D/M/Y _____ Age _____

Address: _____

Phone (H) _____ (W) _____

City: _____

Sex: F M Height: _____ Weight: _____

Prov: _____ Postal Code: _____

No. of Children: _____ Ages: _____

E-Mail: _____

**Your
INSURANCE**

Coverage: \$ _____

Insurance Year End: _____

**Spouse
INSURANCE**

Coverage: \$ _____

Insurance Year End: _____

Massage Therapy
Massage Therapy Coverage: \$ _____
Insurance Year End: _____

Chiroprody (Orthotics)
Chiroprody (Foot Care) Coverage: \$ _____
Insurance Year End: _____

How did you come to find this office: Friend Referred Bing Newspaper Sign
 Google Maps Google Search Walk-in Facebook Other _____

CURRENT HEALTH CONDITION

Current Complaint: _____

When did this condition begin ? _____

Character of Pain: Sharp Dull Ache Pins & Needles Numb Burning

Scale of Pain: On a scale of 1 to 10, 10 being the highest, rate the pain now: _____

What aggravates your condition ? Standing Sitting Walking Bending Lying Down

What relieves your condition ? Bed Rest Ice Heat Massage Medication

Is it getting: Worse Constant Periodic Better

Others seen for this condition: _____

Type of treatment: _____ Results: _____

Family Physician: _____

Medications _____

CHECK ANY OF THE FOLLOWING YOU HAVE HAD IN THE PAST 6 MONTHS:

MUSCULO-SKELETAL

- Low Back Pain
- Leg Pain
- Neck Pain
- Arm Pain
- Pain Between Shoulders
- Joint Pain/Stiffness
- Walking Problems
- Clicking Jaw

NERVOUS SYSTEM

- Numbness
- Pins/Needles
- Dizziness
- Confusion
- Paralysis
- Seizures
- Stress
- Cold/Tingling Extremities
- Subluxations

GENERAL

- Fatigue
- Allergies
- Loss of Sleep
- Fever
- Headaches
- Weight Loss

CARDIOVASCULAR

- Chest Pain
- Short of Breath
- High Blood Pressure
- Stroke
- Heart Conditions
- Lung Conditions
- Varicose Veins
- Ankle Swelling

FEMALE

- Menstrual Irregularity
- Menstrual Cramping
- Vaginal Pain/Infections
- Breast Pain/Lumps

When was the start of your last period? _____

Are you Pregnant? Yes No Not Sure

Surgery: _____

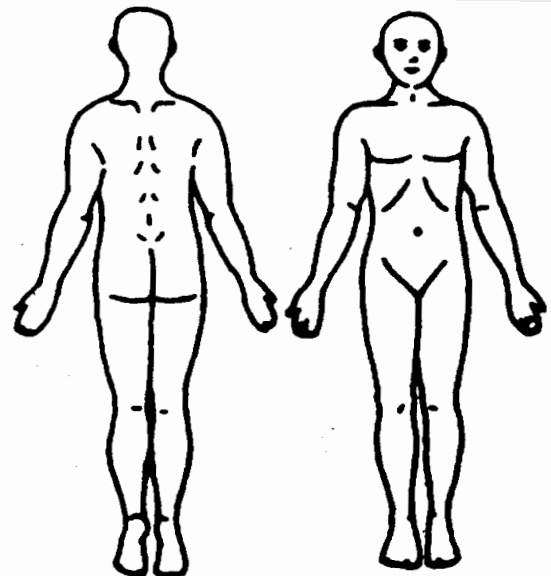
Accidents: _____

Injuries: _____

CHECK ANY OF THE FOLLOWING DISEASES THAT YOU HAVE HAD:

- Pneumonia
- Mumps
- Influenza
- Rheumatic Fever
- Small Pox
- Pleurisy
- Polio
- Chicken Pox
- Arthritis
- Tuberculosis
- Diabetes
- Epilepsy
- Whooping Cough
- Cancer
- Hypertension
- Anemia
- Heart Disease
- Lumbago
- Measles
- Thyroid
- Eczma
- Acid Reflux

Please outline on the diagram any areas of discomfort



Please Read and Sign the Back Page →

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.

Print Name

Signature of patient (or legal guardian)

Date: _____ 20____

Date: _____ 20____

Signature of Chiropractor