



Name _____ Age _____ Date _____

Address _____

Cell phone _____ Home _____

Email _____ Date of Birth _____

Partner/Spouse's Name _____

Whom may we thank for referring you to our office? _____

Have you seen a doctor for this problem? **Yes or No**

Have you had any previous imaging done for this problem? **Xray CT Scan MRI**

What symptoms are bringing you into the office today?

Neck pain/stiffness Back pain Disc injury Cervical/Lumbar degeneration SI joint pain

Numbness/tingling in fingers/toes Facet Syndrome Knee pain/arthritis Meniscus tear

ACL/MCL/LCL/PCL knee Injury Shoulder pain/arthritis Rotator cuff/Labrum injury

Hip pain/arthritis Wrist pain Ankle pain Tendon injury (Shoulder/Elbow/Knee/Ankle)

Neuropathy Headaches/Dizziness Fatigue Problems sleeping Ringing/Buzzing in ears

Upset stomach/gut issues/heartburn/ulcers Anxiety/Depression

Other _____

List all medications you are currently taking _____

Have you had any type of cancer in the last 5 years? _____

How long have you been suffering with these symptoms? _____

What have you done to treat your problem so far? _____

What activities is your problem interfering with? _____

Chiropractic is based on the link between the alignment of the spine and the function of the body. A core tenant of chiropractic is that the body can heal itself if given proper support. Chiropractors approach patient care in a manner like that used in conventional medicine. They interview the patient, obtain a detailed health history, perform an examination, do tests, and develop a working diagnosis. They then develop a management plan, start treatment, and monitor the patient's progress. Chiropractors often treat problems related to the musculoskeletal system, but because the spinal nerves control and coordinate all functions in the body chiropractic can have far reaching effects.

Regenerative medicine is a very successful approach to replace tissue and reverse joint degradation and degeneration caused by disease or trauma. The process utilizes Human Cellular Tissue which includes: mesenchymal stem cells (MSC), cytokines, growth factors, cytosomes, exosomes or your own platelets. This cutting-edge approach is resulting in people regaining their joints mobility, decreasing pain and improving daily activities without medication or surgery.

The information written on this form are accurate to the best of my knowledge and I agree to allow this office to examine me for further evaluation and treatment.

Patient Signature _____ Date _____

Guardian Signature _____ Date _____

Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: _____ Signature: _____ Date: _____

Parent or Guardian: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____