

Patient Name:	
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Chief Complaint

Reason for contacting us? _____

List all therapies undergone for this complaint, including medications. _____

Date of onset: _____ Onset was: Sudden Gradual

Duration of problem/episode: _____ Min Hours Days Months

Pattern of Problem: Constant Intermittent Occasional

How did it start? _____

What aggravates it? _____

What seems to help? _____

Effects of problem on body functions and daily activities: _____

Birth History

Duration of gestation _____ weeks. List any significant complications during pregnancy.

Was delivery normal? Yes No

Duration of labour: _____ hours. Presentation of baby: _____

List any complications of delivery: _____

List any medication taken during pregnancy or delivery: _____

Forceps used for delivery? Yes No

Place of birth: Hospital Home Birthing Centre

Apgar score at birth _____ Weight at birth _____

Apgar score at 5 min _____ Length at birth _____



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Patient Name: _____

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

Informed Consent to Chiropractic Treatment FORM - L

CCPA09.08

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment;
- d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

Date Signed

Print Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Witness of Signature

Dates Reviewed

Date _____ Signature _____ Witness _____

Date _____ Signature _____ Witness _____

Date _____ Signature _____ Witness _____

Date _____ Signature _____ Witness _____