Confidential Patient History

WANDLER CHIROPRACTIC CLINIC

#104 – 200 Carnegie Drive, St Albert, AB T8N 5A8 Tel. 460-8030 Fax 460-8090

Full Name: _____ ☐ Male ☐ Female ☐ Other

Address: _____

(street, city, province, postal code)

Age: _____ Birth Date: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Alberta Health Care No.: _____ Health Benefit Plan: _____

Name of spouse, guardian, or close relative: _____

Phone number of above person: _____

Who referred you or how did you hear about this practice? _____

Email address:(*optional*)_____ *Email will be used for appointment reminders, receipts, clinic information and monthly newsletters(can be unsubscribed from at any point)*

Women: Are you pregnant? ☐ Yes ☐ No Due Date: _____

NOTE: PLEASE COMPLETE ALL THE FOLLOWING QUESTIONS

Are you seeking chiropractic care because of **(circle one)** auto accident work injury other

Are you more interested in **(circle one)** symptom/pain relief health and wellness

Name of previous chiropractors(s): _____

Date and reason for last chiropractic visit: _____

Name of medical physician(s): _____

Can we contact your medical doctor with a report of findings? **(circle one)** Yes No

Are you currently under treatment for any medical conditions(s)? **(circle one)** Yes No

If so, please describe: _____

What is the nature of your present complaint? **(including the type and frequency of pain)**

_____

When did the problem begin? _____

Have you ever suffered from a similar condition? _____

Is the problem **(circle one)** getting better? Staying the same? Worsening?

What activities aggravate this condition? _____

Activities affected? ☐Work ☐Leisure ☐Sports ☐Other _____

Have you ever-received treatment for this condition? _____

When did you last have your spine X-rayed? _____ Where? _____

Are you presently taking any medications including over the counter or prescription medications?

(please list) _____

Are you taking any type of vitamins or supplements? _____

Previous Accidents or Injuries: 1. Type: _____ Date: _____

2. Type: _____ Date: _____

3. Type: _____ Date: _____

Previous surgeries/hospitalizations: 1. Type: _____ Date: _____

2. Type: _____ Date: _____

3. Type: _____ Date: _____

Your initials allow Dr. Wandler to check Alberta NetCare for past reports/results for diagnostic imaging and laboratory testing. Initials:_____ Date:_____

The health information that we are collecting is needed to provide you with diagnostic, treatment and care. The confidentiality of this health information and your privacy are protected by the provisions of the *Health Information Act.*

Your History Is Very Important! Have You Ever Suffered From?:

P = Past **C = Currently**

GENERAL

P	C	
□	□	Arthritis _____
□	□	Cancer
□	□	Diabetes
□	□	Pneumonia
□	□	Rheumatic Fever
□	□	Polio
□	□	A.I.D.S.
□	□	Venereal Disease

GENERAL

P	C	
□	□	Tuberculosis
□	□	Thyroid Problems
□	□	Epilepsy
□	□	Whooping Cough
□	□	Anemia
□	□	Asthma
□	□	Broken Bones _____
□	□	Allergies _____

GENERAL

P	C	
□	□	Alcoholism
□	□	Bone Disease
□	□	Blood Disease
□	□	Bruise Easily
□	□	Lung Disease
□	□	Frequent Urination
□	□	Increased Thirst
□	□	Fatigue

CARDIOVASCULAR

P	C	
□	□	Heart Disease
□	□	Chest Pain
□	□	Stroke
□	□	Low or High Blood Pressure
□	□	Shortness of Breath
□	□	Irregular Heart Beat
□	□	Poor Circulation
□	□	High Cholesterol
□	□	Varicose Veins
□	□	Ankles Swelling

MUSCULO-SKELETAL

Pain, Stiffness, Tingling or Numbness in:

P	C	
□	□	Neck
□	□	Jaw
□	□	Shoulders
□	□	Hands
□	□	Low Back/Buttock
□	□	Hips
□	□	Legs
□	□	Feet
□	□	Other: _____
□	□	Scoliosis/Spinal Curvature
□	□	Headaches

GASTROINTESTINAL/URINARY

P	C	
□	□	Kidney Stones or Infection
□	□	Bladder or Urinary Tract Infections
□	□	Ulcers
□	□	Diarrhea
□	□	Gallbladder Problems
□	□	Heartburn
□	□	Abdominal Cramps
□	□	Black/Bloody Stool
□	□	Frequent Nausea/Vomiting
□	□	Colitis/Crohn's
□	□	Constipation

NERVOUS SYSTEM

P	C	
□	□	Numbness
□	□	Paralysis
□	□	Confusion/Depression
□	□	Fainting
□	□	Cold/Tingling in Extremities
□	□	Mental Disorder
□	□	Dizziness

MEN ONLY

P	C	
□	□	Prostate Problems

WOMEN ONLY

P	C	
□	□	Lumps in Breast
□	□	Menstrual Cramps or Backache
□	□	Excessive Menstrual Flow
□	□	Irregular Cycles
□	□	Hot Flashes

INFANTS/CHILDREN

P	C	
□	□	Recurrent Ear Infections
□	□	Food Sensitivities
□	□	Breathing Difficulties
□	□	Chronic Unexplained Crying
□	□	Urinary Infections
□	□	Colic

INFANTS/CHILDREN

P	C	
□	□	Chronic Recurrent Colds
□	□	Allergies
□	□	Enlarged Glands
□	□	Bed Wetting
□	□	Vomiting

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Name:_____ **Date:**_____

Description of pain

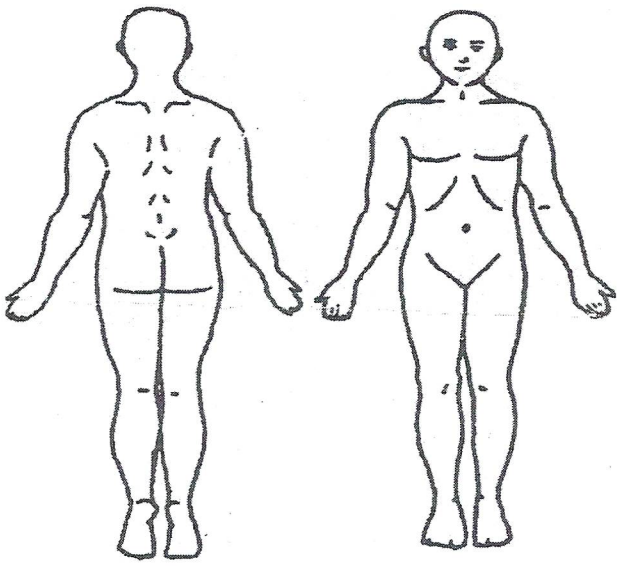
Using the line scale provided below, rate the pain you are experiencing NOW:

0 1 2 3 4 5 6 7 8 9 10

No Pain Severe Pain

Mark an X on the areas of your body where you feel any of the following sensations:

ACHE NUMBNESS PINS & NEEDLES BURNING STABBING PAIN



Office Policy

Welcome to Wandler Chiropractic Clinic! Our purpose is to provide health care that is passionate, joyful and based upon constant learning about what makes a body truly healthy. Healing begins the moment you enter our office. Enjoying a better life begins with an understanding that responsibility for healing and good health rests with each of us.

Please read the following description of the day-to-day details involved in working with us. It is important to us that we are both aware of our responsibility as we work together to help you reach your health goals.

Appointments:

Your recommended treatment plan has been created with the intent of helping you reach a better level of health. **Each adjustment builds on the one before. Therefore, it is important to keep each appointment in order to heal well and stay well.**

In the case of unforeseen schedule conflicts or emergencies, **it is your responsibility to call us at least 24 hours in advance to reschedule.** By letting us know in advance, another patient who also needs our services may be able to take your place.

In the event that appointments are missed on a regular basis, you will be required to pay a cancellation fee of $20.00. This money will be donated to a charity the Canadian Chiropractic Research Foundation.

Financial Policy:

You are responsible for paying for your treatment on each visit. We are happy to accept cash, cheques, Interac, Master Card and Visa. A $20.00 fee will be levied for an NSF cheque.

Some extended health care plans subsidize chiropractic care from the first visit. If you are unsure, please discuss your policy with your human resources person at work.

Your commitment:

Our goal is to touch and teach as many families as possible about the lifetime benefits of health and healing through chiropractic. We acknowledge that your health and health care is always your choice. **With each adjustment we strive to add more life to your years and years to your life.**

We ask that you sign below acknowledging that you have read our policies and accept them.

_____ I have read the policies of Wandler Chiropractic Clinic and understand my responsibilities with regard to these policies.

Wandler Chiropractic Clinic

TREATMENT FEES/CANCELLED APPOINTMENTS

Treatment fees are as follows:

	INITIAL VISIT	REGULAR VISIT
Adults (13 and over)	$130.00	$55.00
Seniors (Over 65)	$110.00	$45.00
Students (Full time Post-Secondary)	$110.00	$45.00
Children (10 and under)	$60.00	$35.00

Payment in Advance is available. The prepaid amount will be applied according to the individual "per session fee". I understand that this is solely my option and discretion and that I can revert back to paying per treatment at any time I choose. An administrative credit of 10% will be provided to the patient and applied when the other pre-paid monies have been used up. Minimum to prepay is $100, maximum allowed to prepay is $1000. A full refund on unused funds, but not the administrative fee, is available upon request.

Please note: All overdue accounts will be charged interest at a rate of 1.0% per month or 12% per annum.

In addition, we require 24 hours prior notice of cancellation of your appointment. This allows us enough time to schedule others for treatment. A $20.00 Broken Visit Fee will be charged for missed appointments.

Financial hardship may be a reality for some patients, which often results in discontinued care before optimum health is achieved. If you find yourself in this position, please do not hesitate to discuss your situation with Dr. Wandler. We may be able to arrange a flexible payment plan to help your situation and allow you to reach your health goals.

WANDLER CHIROPRACTIC CLINIC

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 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 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 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 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) Date:_____20____

_____
Signature of Chiropractor Dr. Shannon Wandler Date:_____20____

☐ Discussed with Patient

Date_____