New Patient Registration Form

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

YOUR DETAILS

Given name:		Last name:
Address:		
Marital status:	Partners name:	No. of children:
Date of birth:		
Home phone:	Work phone:	Mobile phone:
Email:		Occupation:

How did you hear about us?

- ☐ Natural therapies page
- ☐ Internet
- ☐ Yellow pages
- ☐ Other: _____
- ☐ Health professional: _____
- ☐ Family member/friend: _____
- ☐ Walking/driving by

PRESENT STATE OF HEALTH

It surprises many people when they discover chiropractic doctors don't treat symptoms, instead they find the underlying cause(s) of your ache, pain or condition, and help your body to heal. Chiropractors understand that symptoms may indicate that there is something not functioning properly in the body, or they may just be healthy warning signs from an optimally functioning body that is being overstressed.

People present to this clinic in various stages of health or health decline. If you are experiencing symptoms then please describe these as fully and informatively as you can by answering the following:

Major symptom/problem: _____

Pain / Problem started on: _____ triggered by: _____

Have you had previous episodes of this problem? ☐ No ☐ Yes Number of Times: _____

Pain Scale: (1 = least, 10 = worst)

1	2	3	4	5	6	7	8	9	10

Pains are: ☐ Sharp ☐ Dull ☐ Constant ☐ Intermittent

Is the pain referring to other areas of your body? ☐ No ☐ Yes: Where? _____

Is condition getting worse? ☐ No ☐ Yes

What brings on your condition or makes it worse? _____

What relieves your condition or makes it feel better? _____

Is this symptom/condition interfering with: ☐ Work ☐ Sleep ☐ Routine

☐ Other (please specify) _____

Have you seen other Doctors/Practitioners seen for this condition?

☐ No ☐ Yes

If yes, please indicate type of practitioner: ☐ GP ☐ Chiro ☐ Physio ☐ Other

Please list any home remedies employed: _____

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000

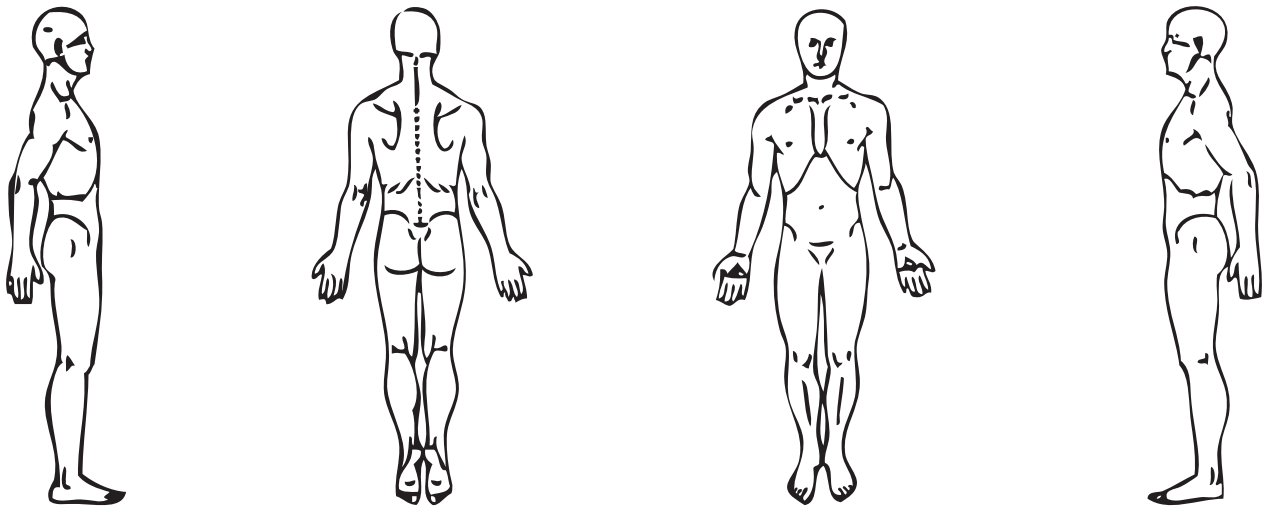
Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**

Mob. **0407 668 625** **www.precisionchiropractor.com.au**

New Patient Registration Form

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

R L R R L L



YOUR HEALTH OBJECTIVES

People consult this office with one or more of the following health objectives, please indicate which apply to you:

- ☐ For relief of my symptoms only
- ☐ For correction of the underlying causes of my symptoms and health problems
- ☐ To prevent the development of symptoms, health problems and degeneration
- ☐ To achieve an optimal level of health and well-being
- ☐ To improve and correct my poor posture

How does this condition affect the quality of your life in regards to your: (0 = doesn't affect 10 = affects severely)

Spouse ____ Recreation ____ Social ____ Work ____ Children ____ Personal ____

What have you done to correct this on your own that has not yet given you a permanent result?

☐ Medication ☐ Exercise ☐ Heat ☐ Diet ☐ Lifestyle

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000

Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**

Mob. **0407 668 625** **www.precisionchiropractor.com.au**

New Patient Registration Form

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

☐ Other_____

What activities does your job involve?

☐ Driving ☐ Desk/computer work ☐ Physical Labour
☐ Long hours ☐ Repetitive Tasks ____

How stressful or physically demanding is your job?

1	2	3	4	5	6	7	8	9	10

How much sitting is involved with your job? _____

Any accidents / falls / injuries / fractures? _____

Sleeping position: ☐ Stomach ☐ Back ☐ Side Age of mattress:_____ No. of pillows:_____

How many glasses of water do you drink each day:_____ Are you right handed or left handed: _____

Are you pregnant? ☐ No ☐ Yes, how advanced? _____

Do your daily activities involve:	☐ Sitting	☐ Walking	☐ Heavy Lifting	☐ Repetitive Tasks
	☐ Writing	☐ Driving	☐ Manual work	☐ Standing
	☐ Phone Use	☐ Desk Work	☐ Emotional Stress	
Do you play a musical instrument?	☐ No	☐ Yes		
Do you read for prolonged periods?	☐ No	☐ Yes		
Do you wear:	☐ Dentures / A Plate		☐ Glasses or Bifocals	☐ Contact Lenses
Sleeping posture	☐ Side	☐ Back	☐ Stomach	
Sports you play / used to play	_____		☐ Currently play	☐ Used to play
	_____		☐ Currently play	☐ Used to play
	_____		☐ Currently play	☐ Used to play
	_____		☐ Currently play	☐ Used to play

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000
Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**
Mob. **0407 668 625** **www.precisionchiropractor.com.au**

New Patient Registration Form

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

PAST HISTORY

Have you been treated for any health conditions in the last year? ☐ No ☐ Yes -explain: _____
When were you last in hospital and what for? _____
In the past have you had any surgery? ☐ No ☐ Yes - explain: _____
Have you ever had any injuries or accidents? ☐ No ☐ Yes - explain: _____
Do you have any problems with your heart or lungs? ☐ No ☐ Yes - explain: _____
Do you have any problems with your stomach, intestinal or urinary systems? ☐ No ☐ Yes - explain: _____
Do you currently suffer any dizziness or vertigo? ☐ No ☐ Yes
Do you smoke? ☐ No ☐ Yes, if yes how many per day _____/day

Please tick if you have any of the following:

☐ History of cancer ☐ History of HIV ☐ Use of steroids ☐ Use of IV drugs ☐ Blood transfusions

With regard to any drugs you currently or have recently used, please list:

Drug/medication Names	Dosage	Reasons for use

Do you/ Have you ever suffered from the following:

☐ Stroke ☐ Loss of Vision ☐ Double Vision ☐ Dizziness
☐ Severe Sudden Headache ☐ Numbness in the Face ☐ DVT (Deep Vein Thrombosis) ☐ Slurred Speech
☐ Rheumatoid Arthritis ☐ Spondylolisthesis ☐ Ligament Rupture/Instability ☐ Spinal Trauma
☐ Nausea ☐ Difficulty Swallowing ☐ Cancer/Malignancy ☐ Constant Night Pain
☐ Frequent Headaches ☐ Ankylosing Spondylitis ☐ Spinal Surgery ☐ Spinal Hypermobility
☐ Psoriasis ☐ Bone/Joint Infection ☐ Heart Disease/Angina ☐ Numbness in Hands or Feet
☐ Osteoarthritis ☐ Spinal Fracture ☐ Scoliosis ☐ Aneurysm
☐ Osteoporosis ☐ Pin and Needles ☐ Dislocations ☐ Swollen Joints
☐ Diabetes ☐ Loss of Bowel or Bladder Control
☐ Other: _____

Have you ever taken blood thinning medication such as Warfarin? ☐ No ☐ Yes

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000
Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**
Mob. **0407 668 625** **www.precisionchiropractor.com.au**

New Patient Registration Form

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

PRIVACY POLICY STATEMENT

In accordance with the new Privacy Act, all information relative to your case is held in total confidence.

However, your consent is necessary to allow us to exchange information between chiropractors within this clinic. Also when appropriate, relevant information regarding your case may be sent to other medical and healthcare practitioners for the proper and effective management of your condition.

Patient's Signature: _____

Date: _____

PATIENT INFORMATION

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatment of the neck may damage a blood vessel and give rise to stroke or stroke-like symptoms. (Current literature states this to be approximately 1 in 1-2 million according to D. Chapman-Smith, seminar 2002 and approximately 1 in 5.85 million neck manipulations according to Haldeman, et al, Spine vol. 24-8 1999).

Whilst this has never occurred in this practice, we are still required to warn. If any adjustments (manipulations) are required you will be tested beforehand, as has always been our practice.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the lower back (1 in 62,000).

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993).

Please note that this consent does not waiver your Common Law Rights, rather it is merely for you to acknowledge that you have been informed of the known risks.

If you have any questions related to the treatment you are about to receive or possible alternative approaches, please speak to the chiropractor.

I have discussed the above information with the chiropractor and give my consent to treatment.

Patient's Signature: _____ Print Name _____

Chiropractor's Signature _____ Date _____

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000

Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**

Mob. **0407 668 625** **www.precisionchiropractor.com.au**

Office Use Only

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

Standing			Date
Lumbar			
ROM			Initial
Lumbosacral	60		
True flexion	60		
Extension	40		
Lat flex	45	L	
Lat flex	45	R	
Kemps		L	
Kemps		R	
Trendelenburg		L	
Trendelenburg		R	
Heel walk		L	
Heel walk		R	
Toe walk		L	
Toe walk		R	
Examination aggregate			/ 78
Supine			Initial
SLR		L	
SLR		R	
Braggards		L	
Braggards		R	
Fabere		L	
Fabere		R	
Psoas		L	
Psoas		R	
Feet-int rotn.		L	
Feet-int rotn.		R	
Feet-extrotn.		L	
Feet-extrotn.		R	
Hip		L	
Hip		R	
Examination aggregate			

Sitting			Initial
Thoracic Rotn.		L	
Resisted			
Thoracic Rotn.		R	
Resisted			
C. Flexion	60		
Resisted			
C. Extension	80		
Resisted			
Lat Flex	45	L	
Resisted			
Lat Flex	45	R	
Resisted			
Rotation	80	L	
Resisted			
Rotation	80	R	
Resisted			
Kemps		L	
Kemps		R	
C Compression			
C Distraction			
Shoulder Abd		L	
Shoulder Add		L	
Lint Rotn.		L	
Lint Rotn.		R	
Shoulder Add		R	
Shoulder Abd		R	
Examination aggregate			/ 156

Side Posture			Initial
	Hip		
Mennels	SI	L	
	L		
	Hip		
Mennels	SI	R	
	L		
Examination aggregate			/ 36
Prone			Initial
Ely's		L	
Ely's		R	
Leg extension		L	
Leg extension		R	
Examination aggregate			/ 24
Combined aggregate			/ 378
% Change			

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000

Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**

Mob. **0407 668 625** **www.precisionchiropractor.com.au**

Office Use Only

PRECISION CHIROPRACTIC & INTEGRAL HEALTH

Date:		
Shoe wear	L	R
Heels		
Soles		
Ant medial		
Ant lateral		
Creases		
Standing	L	R
Feet int. rotn		
Feet ext. rotn		
Callus / bunion		
Patella int. rotn		
Patella ext. rotn		
Knee hyperextn.		
Lumbar lordosis		
Achilles bowing		
Achilles thickening		
Squat test		
Gait pattern		
Rear foot varus wedge		

Supine	L	R
Leg length shortness		
Tibia / femur		
Foot ext. rot. passive		
Foot ext. rot. active		
Knee hyperextn		
Hip int. rotn.		
Hip ext. rotn.		
Ankle rom		
Foot rom		
Sitting		
For foot valgus (Outside / extn. rotn.)		
Metatarsal dip		
Forefoot varus (Inside / int. rotn.)		

Suite 4 Level 2, 88 Pitt Street, Sydney NSW 2000

Ph. **02 9233 8416** **precisionchiro.integralhealth@gmail.com**

Mob. **0407 668 625** **www.precisionchiropractor.com.au**