



Tottenham Chiropractic

Dear New Patient,

Welcome to Tottenham Chiropractic. Our clinic offers an array of services to support your health goals including, offering chiropractic and rehabilitation care, and acupuncture services. We tailor these treatments to match your health needs and accelerate the healing process.

Our team is dedicated to helping you achieve optimal health, function, and performance.

What to expect:

1. Consultation: a thorough examination to determine the root of your problem, and to ensure that your treatment plan is appropriate for you.
2. Diagnosis: identifying the diagnosis will help to inform everyone involved in your care about how to best manage your concern.
3. Recommendations: a discussion between you and your care provider about how to best create and maintain progress you have made in your recovery.
4. Follow Up: assurance of an ongoing process of recovery and prevention.

We encourage you to actively participate in your care by asking questions, engage in your rehabilitation, and attend special workshops aimed at enhancing the treatment process.

We are committed to providing you with the best possible health care. If you have any questions, comments, or concerns, please feel free to speak to any one of the healthcare professionals at Tottenham Chiropractic.

Be well,

Tottenham Chiropractic

9 Queen St South, Tottenham, ON L0G 1W0 • Phone (905) 936 – 2083

Patient Health Record
Confidential

Date: _____

Name: _____

Gender: _____

Address: _____

Phone: _____

Date of birth (mm/dd/yy): _____

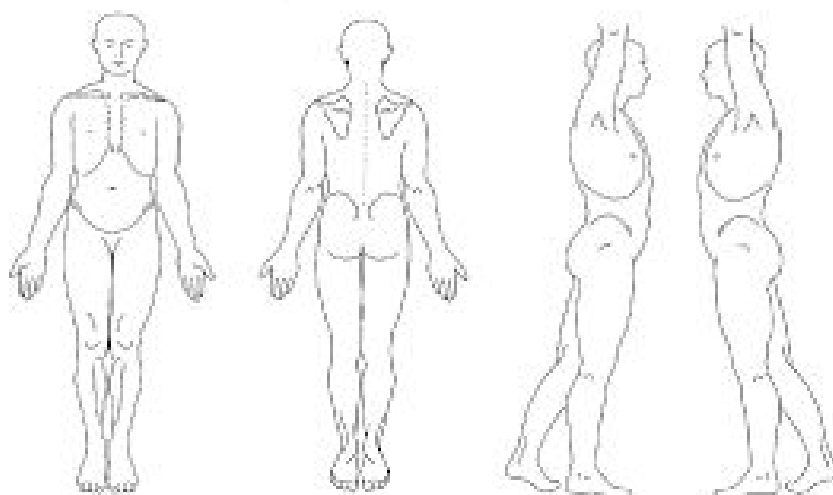
Age: _____

Occupation: _____

Patient Confidentiality

At Tottenham Chiropractic, we take your privacy seriously. We will not share your health information with anyone without your direct consent. In our office, we strive to provide the best experience possible, including interdisciplinary care and collaboration. Within our office, we have a **circle of care**, which includes open access to patient files among healthcare providers and support staff. If you have any questions or concerns about this policy, please speak to one of our healthcare providers directly.

I understand that my patient information will be shared among providers in this clinic for the sole purpose of improving patient care: _____ (Please initial)



On the diagram, please identify where you're experiencing pain.

XXX – Sharp/twinge

OOO – Numb/burning

///// – Dull/Achy

~~~ -- Pulsing

### Interprofessional Collaboration

Research has proven that a multidisciplinary team is the best approach for the management of chronic disease. Having open lines of access to your other healthcare providers is important to ensure all of your team is on the same page.

Please outline your healthcare providers below:

|                   |               |
|-------------------|---------------|
| Name:             | Profession:   |
| Address:          | Phone Number: |
| Reason for visit: |               |

|                   |               |
|-------------------|---------------|
| Name:             | Profession:   |
| Address:          | Phone Number: |
| Reason for visit: |               |

|                   |               |
|-------------------|---------------|
| Name:             | Profession:   |
| Address:          | Phone Number: |
| Reason for visit: |               |

May we contact these providers regarding your diagnosis and care, if necessary?

Yes  No

Check any of the following that you have ever had:

- |                                         |                                            |
|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Cancer (type): | <input type="checkbox"/> HIV/Hepatitis     |
| <input type="checkbox"/> Allergies:     | <input type="checkbox"/> Numbness in groin |

Indicate any health issues you have experienced (check all that apply):

|                                                              |                                                |                                            |                                                 |
|--------------------------------------------------------------|------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <u><i>MSK Pain</i></u>                                       | <u><i>Gastrointestinal</i></u>                 | <u><i>Male/Female</i></u>                  | <u><i>Previous Illness</i></u>                  |
| <input type="checkbox"/> neck                                | <input type="checkbox"/> poor/excessive        | <input type="checkbox"/> prostate issues   | <input type="checkbox"/> anemia                 |
| <input type="checkbox"/> low back                            | appetite                                       | <input type="checkbox"/> sexual            | <input type="checkbox"/> arthritis              |
| <input type="checkbox"/> mid back                            | <input type="checkbox"/> excessive thirst      | dysfunction                                | <input type="checkbox"/> cancer                 |
| <input type="checkbox"/> shoulder L/R                        | <input type="checkbox"/> frequent nausea       | <input type="checkbox"/> irregular         | <input type="checkbox"/> chicken pox            |
| <input type="checkbox"/> arm L/R                             | <input type="checkbox"/> vomiting              | periods                                    | <input type="checkbox"/> diabetes               |
| <input type="checkbox"/> leg L/R                             | <input type="checkbox"/> diarrhea/constipation | <input type="checkbox"/> vaginal pain/     | <input type="checkbox"/> eczema                 |
| <input type="checkbox"/> knee L/R                            | <input type="checkbox"/> hemorrhoids           | infections                                 | <input type="checkbox"/> epilepsy               |
| <input type="checkbox"/> joint stiffness                     | <input type="checkbox"/> liver problems        | <input type="checkbox"/> miscarriage       | <input type="checkbox"/> measles                |
| <input type="checkbox"/> trouble walking                     | <input type="checkbox"/> kidney problems       | <input type="checkbox"/> abortion          | <input type="checkbox"/> multiple               |
| <input type="checkbox"/> scoliosis                           | <input type="checkbox"/> gall bladder          | <input type="checkbox"/> C-section         | sclerosis                                       |
| <input type="checkbox"/> sciatica                            | problems                                       | <input type="checkbox"/> STI:              | <input type="checkbox"/> mumps                  |
| <u><i>General</i></u>                                        | <input type="checkbox"/> ulcer                 | _____                                      | <input type="checkbox"/> osteoporosis           |
| <input type="checkbox"/> fatigue                             | <input type="checkbox"/> hernia                | <u><i>Genitourinary</i></u>                | <input type="checkbox"/> pneumonia/<br>pleurisy |
| <input type="checkbox"/> allergies                           | <input type="checkbox"/> weight gain/loss      | <input type="checkbox"/> bladder trouble   | <input type="checkbox"/> polio                  |
| <input type="checkbox"/> loss of sleep                       | <input type="checkbox"/> bloating after meals  | <input type="checkbox"/> discoloured urine | <input type="checkbox"/> rheumatic              |
| <input type="checkbox"/> fever                               | <input type="checkbox"/> heartburn             | <input type="checkbox"/> painful urination | fever                                           |
| <input type="checkbox"/> headaches                           | <input type="checkbox"/> black/bloody stool    | <input type="checkbox"/> excessive         | <input type="checkbox"/> whooping               |
| <u><i>Skin</i></u>                                           | <input type="checkbox"/> colitis               | urination                                  | cough                                           |
| <input type="checkbox"/> psoriasis                           | <input type="checkbox"/> difficult digestion   | <u><i>Nervous System</i></u>               | <u><i>Family Health</i></u>                     |
| <input type="checkbox"/> rashes                              | <u><i>Cardiovascular</i></u>                   | <input type="checkbox"/> fainting          | <i>Do you have any</i>                          |
| <input type="checkbox"/> bruises easily                      | <input type="checkbox"/> asthma                | <input type="checkbox"/> numbness          | <i>siblings?</i>                                |
| <u><i>EENT</i></u>                                           | <input type="checkbox"/> chest pain            | <input type="checkbox"/> paralysis         | Number:                                         |
| <input type="checkbox"/> vision problems                     | <input type="checkbox"/> short breath          | <input type="checkbox"/> dizziness         | Age:                                            |
| <input type="checkbox"/> dental/jaw                          | <input type="checkbox"/> heart problems        | <input type="checkbox"/> nervousness       | <i>Are they healthy?</i>                        |
| <input type="checkbox"/> sore throat/ears                    | <input type="checkbox"/> blood pressure        | <input type="checkbox"/> stress sweats     | Explain:                                        |
| <input type="checkbox"/> sinus problems                      | <input type="checkbox"/> irregular heartbeat   | <input type="checkbox"/> seizures          |                                                 |
| <input type="checkbox"/> nose bleeds                         | <input type="checkbox"/> varicose veins        | <input type="checkbox"/> tingling in       |                                                 |
| <input type="checkbox"/> ear infections/<br>hearing concerns | <input type="checkbox"/> ankle swelling        | arms/feet                                  |                                                 |
|                                                              | <input type="checkbox"/> stroke                |                                            |                                                 |
|                                                              | <input type="checkbox"/> poor circulation      |                                            |                                                 |
|                                                              | <input type="checkbox"/> clots                 |                                            |                                                 |



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 adjustments, 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 sensations, muscle stiffness and spasms. It can also help 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.

*Temporary Worsening of Symptoms:* Usually, any increase in pre-existing symptoms of pain or stiffness will only last for a few hours to a few days.

*Skin irritation or burn:* Skin irritation or a burn may also occur in association with the use of electrical/light therapy. Skin irritation resolve quickly. A burn may permanently 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 tends to heal on its own after several weeks without further intervention.

*Injury or aggravation of a disc:* Over the course of a lifetime, spinal discs may degenerate with or become damaged with daily activity or trauma. Damaged discs may or may not cause symptoms; people may not know they have a problem with a disc.

Chiropractic treatment should not damage a disc that is not already damaged or degenerated, but if there is a pre-existing 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 severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the arms or legs, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be required.

*Stroke:* Blood flows to the brain through two sets of arteries passing through the neck. These

arteries may become weakened and damaged over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. Part of the clot may break off and travel 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 because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted a chiropractor. Present medical and scientific evidence does not establish that manipulation causes damage.

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 include consulting other healthcare providers. Other alternatives are rest without treatment, or exercises 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 attention of the chiropractor, or any member of the team. 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.

### **PLEASE 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 understand I can withdraw my consent at any time. I hereby consent to the chiropractic treatment proposed to me.

Patient Name (please print):

Chiropractor Signature:

\_\_\_\_\_

\_\_\_\_\_

Signature (*Patient/Guardian*):

Date: \_\_\_\_\_

\_\_\_\_\_