New Patient Form

Full Name: _____ DOB:_____ Sex: M / F Marital Status:_____

Address: _____City: _____ State: _____ Zip: _____

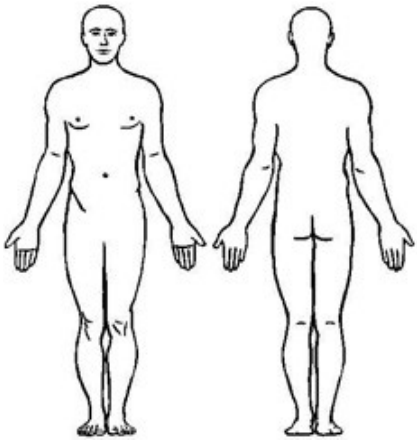
Telephone: _____Email: _____Occupation: _____

Describe your current problem and how it began: _____

_____

_____

Mark an X on the picture below where you have pain or other symptoms



Date Problem began: _____ Is this: Work related ___ Auto related ___ N/A___

Current Complaint (how do you feel today): 0 1 2 3 4 5 6 7 8 9 10
No Pain Extreme Pain

How often are your symptoms present? 0-25% ___26-50% ___51-75% ___76-100%___

Can you perform your daily activities? Yes ___No ___

Have you had spinal Xrays, MRI, CT Scan? No ___ Yes ___ Dates taken: _____

Please check all the following that apply to you: None apply below ____

Height: _____ Weight:_____

NO	YES	Condition
___	___	History of recent infection
___	___	Recent fever
___	___	HIV/AIDS
___	___	Diabetes
___	___	Corticosteroid use
___	___	Birth control pills
___	___	High blood pressure
___	___	Stroke Date: _____
___	___	Dizziness/fainting
___	___	Numbness in groin/buttocks
___	___	Aortic Aneurysm
___	___	Cancer/tumor
___	___	Osteoporosis
___	___	Recent trauma

NO	YES	Condition
___	___	Prostate problems
___	___	Frequent urination
___	___	Pregnancy # of births: ___
___	___	Abnormal weight: gain___ loss ___
___	___	Epilepsy/seisures
___	___	Visual disturbances
___	___	History of low/mid back pain
___	___	History of neck pain
___	___	Arthritis
___	___	History of alcohol use
___	___	History of tobacco use
___	___	Surgery: _____
___	___	Medications: _____
		_____

Family History: Cancer____ Diabetis ____ High blood pressure____ Cardiovascular problems/stroke____

In accordance with California law, this notice is to inform you, the patient, the risks of undergoing chiropractic care. The procedures that will be performed in the course of your care will consist of chiropractic adjustments using manual and instrumental techniques. The risk of care could include possible fracture of ribs (if you have unusually low bone density). This risk will be evaluated before your care begins. Another risk from a chiropractic adjustment is the risk of stroke. This risk has been determined to be a risk of approximately 1 in 5.85 million. This risk will also be evaluated prior to the onset of your care to see if you have any predisposing factors for a stroke. Furthermore, any medications the patient is taking my have a direct influence on his or her reaction to the adjustment. The medications the patient may be taking may have more adverse health affects and complications. There is also the risk of increased pain during the healing phase of care. As your body begin to be restored to normal health, there may be some periods of time when you will feel symptoms that had previously been gone. Understand that this is normal and indicates healing, as such you may also risk restored health and wellness. The risks of not getting chiropractic adjustment can include disc and spine degeneration, loss of mobility, loss of function of organs or cells that do not have nerve supply retored to them and loss of muscle tone.
My signature below signifies that the risks of chiropractic care have been explained to me verbally and in the above written statement. I undertand the risks and give consent for chiropractic treatment.

Signature:_____ Date:_____