

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Private Health fund (if applicable): \_\_\_\_\_

Concession Card number (if applicable): \_\_\_\_\_ Expiry Date \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Family Dr: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please tick how you heard about us:  Sign  Yellow Pages  Website  Referral: (Who) \_\_\_\_\_

Recreational Activities: \_\_\_\_\_

Primary Complaint: \_\_\_\_\_

Please tick (✓) any of the following treatments that you have experienced before:

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Acupuncture      | <input type="checkbox"/> Counselling     | <input type="checkbox"/> Naturopathy   | <input type="checkbox"/> Podiatry    |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Kinesiology     | <input type="checkbox"/> Osteopathy    | <input type="checkbox"/> Reiki       |
| <input type="checkbox"/> Chiropractic     | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Reflexology |

**MEDICAL HISTORY:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Known allergies: \_\_\_\_\_

Are you pregnant? YES / NO      If Yes, how many weeks? \_\_\_\_\_      Number of Children: \_\_\_\_\_

Previous surgery: \_\_\_\_\_

Current medications:  
 (Including aspirin, ibuprofen, herbs, vitamins etc): \_\_\_\_\_

**INFORMED CONSENT AND WAIVERS: Please tick (✓) if you consent and agree to the following:**

- I understand that True Health does not hold accounts and that I am liable for all fees incurred at time of treatment
- I understand that 24hrs notice must be given when cancelling a booking or a cancellation fee may be charged
- I consent to True Health practitioners touching my body in order to conduct their job in a professional manner
- I consent to True Health practitioners confidentially sharing my health details with each other where necessary
- I consent to allowing True Health to record my image or voice for use in photographic, audio or video footage for use in promotional / educational purposes. I understand that I am able to revoke this permission at any time. I also understand that a full waiver may be presented for my review at any time.

Signature of patient or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage blood vessels and give rise to a stroke or stroke-like symptoms (approx. 1 in 5.85 million neck manipulations).

- Haldeman et al. Spine vol. 24-8 1999.

Whilst this has never occurred in this clinic, we are still required to warn you of this risk. 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 low back (1 in 62,000).

- Dvorak study in Principles and Practice of Chiropractic; Haldeman 2<sup>nd</sup> Edition

Chiropractic adjustments (manipulations) of the spine are internationally recognized 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.

If you have any questions relating to the treatment you are about to receive, please speak to your True Health Chiropractor.

---

I have read and understood the above information, and I give my consent to treatment.

Please print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Chiropractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_