

WELCOME TO BELCOMA CHIROPRACTIC CENTRE

Date:

Name: D.O.B:

Address: Postcode :

Phone number: Mob: H: W:

Email Address:

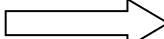
Occupation: Referred by:.....

Do you have private health insurance? (if so, please specify fund).....

Name and location of Doctor:

Reason for visit today:

How and when did this complaint begin?

Location of pain/symptoms: (please circle on diagram to the right) 

Please circle the type of pain: sharp / dull / constant / intermittent

Is the complaint getting worse, better or staying the same?

Have you received other treatment for this current complaint?

(If yes, what/when and did it help)?

Have you ever had this type of complaint before? (If so, please specify when).....

Are you currently experiencing any sensation-change or weakness in your upper or lower extremities?

(If yes, please specify).....

List all medications, supplements and/or vitamins you are currently taking:

List any surgeries you have ever had (please specify the type and year).....

List any health-related condition you have or have suffered from e.g. cancer, diabetes, arthritis, high blood pressure etc

Does any of your family (i.e. siblings, parents) suffer from problems with: heart, lungs, circulation, cancer, diabetes, arthritis?

(Please specify).....

CONSENT TO CHIROPRACTIC CARE

Chiropractic care is recognised as being an effective and safe method of care for many conditions. However, you must recognise that there are risks associated with all health care procedures which you should be informed about. **Please read the following carefully:**

1. I acknowledge that I have discussed with **Dr C. Harman** the rare risks associated with my proposed care which include although are not limited to muscle and joint soreness or strains, nausea and dizziness, fractures, disc injuries, strokes (or like episodes) and an exacerbation and/or aggravation of my underlying condition.

2. I also acknowledge the following additional potential risks insofar as my proposed care is concerned have been explained to me.

3. I have had the opportunity to discuss the proposed care with **Dr C. Harman** I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed chiropractic care and that I have been given sufficient time to make a decision giving consent for the care to proceed.

4. I acknowledge that I am aware of and understand the potential risks. I appreciate that results are not guaranteed.

5. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.

6. I hereby acknowledge my consent to the performance of the proposed chiropractic care by: **Dr C. Harman** and/or any other chiropractor working in this clinic. I understand that I can withdraw consent at any time.