client information@c4w

welcome to chiropractic4wellness!

On behalf of the team, we would like to congratulate you on choosing to make your health a priority and putting your trust in our services and those of our staff. Our bodies are designed to be healthy, however, on a daily basis we experience physical, chemical and emotional stressors which can ultimately have an influence on our health and quality of life. These changes are often gradual, accumulative and frequently hidden. The following questions will enable us to determine how these stressors have impacted on your health and determine just how your body has adapted to these changes.

personal details

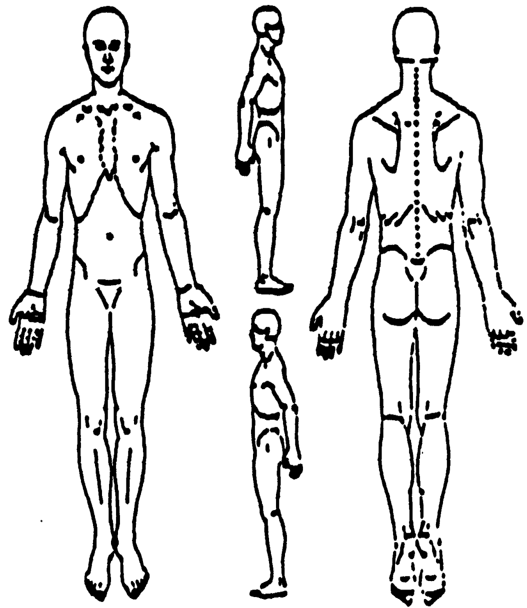
Full name	Preferred name
Address	Postcode
Date Of Birth	Age
No. of Children	Name(s) of Children
Home #	Work #
Mobile #	
Emergency Contact Person	Emergency #
Email	Occupation
Regular medical doctor's name and contact number	
If referred, by whom?	
How did you hear about us?	

health objectives

People consult our practice with one or more of the following health objectives. Please indicate which apply to you :

- ☐ get better
- ☐ stay well
- ☐ feel alive

please mark any areas of concern



health history

1. What are your reasons for consulting us?

2. How long have you had this?

3. Have you had this before? If so, when?

   yes ☐ no ☐

4. What activities make it better or worse?

5. Since this started, is it...

   unchanged ☐ worsening ☐ improving ☐ intermittent ☐

6. What aspects of your life does this stop you enjoying?

7. Have you consulted anyone else for this? yes ☐ no ☐

If yes, who and when?

8. What do you do to stay fit and healthy?

9. Give details of <u>any</u> serious injuries, broken bones or road traffic accidents.

10. List <u>any</u> x-rays or special tests you have had done.

11. Have you had any chiropractic care before? If yes, when was your last adjustment and with whom?

12. Have you <u>ever</u> had a painful or unusual reaction to an adjustment or manipulation? If yes, what happened?

13. List <u>any</u> surgical operations and years.

14. List <u>any</u> current medication and dosages.

15. List <u>any</u> major illnesses and years.

pregnancy/birth

16. During your gestation...

Was your mother involved in any injuries or accidents? yes ☐ no ☐

Was your mother ill or stressed? yes ☐ no ☐

17. Was your delivery at...

home ☐ hospital ☐ difficult ☐

rapid ☐ long ☐

18. Did it involve...

Induced labour ☐ forceps/suction ☐ caesarian ☐

breach ☐

19. Were you...

premature ☐ vaccinated ☐

childhood

20. Were you breastfed?

yes ☐ no ☐

21. Did you suffer from...

colic ☐ bed wetting ☐ ear ache/infections ☐
throat infections ☐

22. Did you fall/jump from a height of over 1 metre? (e.g. tree, bed, stairs)

yes ☐ no ☐

23. Did you have the chair pulled from under you?

yes ☐ no ☐

adulthood

24. Do you smoke yes ☐ ____ #per day no ☐

25. Drink alcohol yes ☐ ____#glasses per day no ☐

26. Drink water yes ☐ ____#glasses per day no ☐

28. Eat fresh fruit & vegetables (not cooked or tinned)

vary rarely ☐ 1-2 portions a day ☐ 3-4 portions a day ☐ 5+ portions per day ☐

29. Eat sugary foods (chocolate/sweets etc.) yes ☐ how often... no ☐

30. Drink sugary drinks (cola,cordial etc.) yes ☐ how often... no ☐

31. Drink tea/coffee yes ☐ how often... no ☐

32. Sleep well yes ☐ no ☐

33. Exercise regularly yes ☐ no ☐

34. Suffer from mental or emotional stress yes ☐ no ☐

35. Which sports/hobbies do you engage in?

36. Indicate on the following scales (1-10) how you rate your :

pain/discomfort	no pain	1	2	3	4	5	6	7	8	9	10	extreme pain

health	poor	1	2	3	4	5	6	7	8	9	10	excellent

What are the 5 healthiest habits you currently choose in your life?	What are the 5 least healthy habits you currently choose in your life?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

questionnaire

If you can **possibly** answer Yes, tick Yes. If you **must** answer No, tick No.
Please answer all questions. If you are unsure do your best!

Has your eyesight ever blacked out completely?	yes	☐	no	☐
Are you hard of hearing?	yes	☐	no	☐
Have you ever noticed ringing in your ears?	yes	☐	no	☐
Do you have problems with your balance?	yes	☐	no	☐
Do you have any allergies?	yes	☐	no	☐
Have you fainted more than twice in your life?	yes	☐	no	☐
Does pressure or pain in your head often make life miserable?	yes	☐	no	☐
Have you ever been diagnosed with high/low blood pressure or high cholesterol?	yes	☐	no	☐
Have any members of your family ever been diagnosed with a serious illness?	yes	☐	no	☐
Have you ever been diagnosed with a serious illness?	yes	☐	no	☐
Have you been told you have osteoporosis?	yes	☐	no	☐
Do you often have small accidents or injuries?	yes	☐	no	☐
Have you ever been told that you are anaemic?	yes	☐	no	☐
Have you ever been diagnosed with ulcers/indigestion?	yes	☐	no	☐
Have your ever coughed up blood?	yes	☐	no	☐
Have you ever passed blood while urinating?	yes	☐	no	☐
Have you suffered frequent cramps in your legs?	yes	☐	no	☐
Are you frequently ill?+	yes	☐	no	☐
Do you have numbness or tingling in any part of your body?	yes	☐	no	☐
Were you ever knocked unconscious?	yes	☐	no	☐
Have you ever been hospitalized for anything other than surgery?	yes	☐	no	☐
Do you have any problems with your bowels? Ie. constipation/diarrhea	yes	☐	no	☐
Do you suffer from incontinence or any other bladder problems?	yes	☐	no	☐
....	yes	☐	no	☐

Are you or were you a bed wetter?
To what age? ....

	yes		no	
Are you considered a nervous person?	yes	☐	no	☐
Have you ever suffered from depression?	yes	☐	no	☐
Did you know that your nervous system keeps you alive and healthy and that it coordinates all of your body's functions and movements?	yes	☐	no	☐
Did you know that chiropractors remove subluxations that form in response to physical, mental, emotional and chemical stress?	yes	☐	no	☐
Did you know that most subluxations exist without obvious spinal pain or tension?	yes	☐	no	☐

consent

As a result of developments in litigation and professional indemnity, we now require that all clients acknowledge their understanding of the potential risks, however small, associated with chiropractic care. This, of course, does not absolve the chiropractor of professional negligence.

Any health care intervention attracts some risk and the chiropractic profession is proud of the safe track record we have maintained over more than 100 years of service.

We have listed some significant risks below with a comparison to common medical risks to put the issue into perspective.

chiropractic care		**medical care/other**	
temporary discomfort after adjustment	1/50 (est)	stomach bleeding from anti-inflammatories	1/250
lumbar disc injury	1/62,000	death from anti-inflammatories	360/yr
cervical nerve injury	1/139,000	death from general anaesthetic	1/1250
spinal cord damage	1/382,000	injury from car accident	1/9,300
death from stroke	1/5.8 million	death from lightning strike	1/20,000

As you can see, chiropractic involves very safe procedures. Once you feel you understand the risk involved, and if, after consideration you would like to commence or continue your chiropractic care, could you please write your name clearly below and date and sign in the space provided. Any of the team will be happy to discuss this further with you.

This consent is given in respect of chiropractic care received from **Dr Helen Alevaki** and **Dr Vikkie Stamatis** or locums appointed by either **Dr. Alevaki** or **Dr. Stamatis**.

Name of Client (BLOCK LETTERS) ______________________________

Signed ______________________________

Name of Guardian, if applicable ______________________________

Witness ______________________________ Date ______________