



# Adult Confidential Health Questionnaire

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## Personal Information

Today's Date: \_\_\_/\_\_\_/\_\_\_  
M / D / Y

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

How were you referred to this office? online  walked-by  community event

Referred by a friend/family/co-worker : person's first name: \_\_\_\_\_ person's last name: \_\_\_\_\_

Would you like to receive email reminders  **or** text message reminders  the day before your next appointment?

(Cell phone provider \_\_\_\_\_)

Birth Date: \_\_\_/\_\_\_/\_\_\_ M / D / Y Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

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

## Purpose of This Visit

What brings you to our office? \_\_\_\_\_  
\_\_\_\_\_

## Experience with Chiropractic

Have you ever been to a Chiropractor before?  YES  NO When? \_\_\_\_\_

Reason for visits: \_\_\_\_\_ How did you respond to your care? \_\_\_\_\_

## Personal Lifestyle

Do you exercise?  YES  NO How many times per week?  1x  2x  3x  4x Other: \_\_\_\_\_

What type of activities? \_\_\_\_\_

Do you smoke?  YES  NO How much? \_\_\_\_\_

Do you drink alcohol?  YES  NO How many drinks/week? \_\_\_\_\_

Do you take any supplements (i.e. vitamins, minerals, herbs)? \_\_\_\_\_

How many hours of sleep do you get per night? \_\_\_\_\_ What quality of sleep?  Good  Fair  Poor

## Health History and Conditions

Are you pregnant?  YES  NO Are you trying to become pregnant?  YES  NO (For women only)

Are you diabetic?  YES  NO

Are you on any medications?  YES  NO

Medication

Reason for taking

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Please list any major surgeries, accidents, hospitalizations, or childhood illnesses:

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**CERVICAL SPINE:**

*Accidents, traumas, and poor posture can lead to misalignments in your neck called 'subluxations'. Subluxations in your neck can irritate and weaken the nerves into your arms, hands, and head affecting these parts of the body. **Do you experience any of the following:***

- |                                                       |                                           |                                            |                                          |
|-------------------------------------------------------|-------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="radio"/> High blood pressure             | <input type="radio"/> Low blood pressure  | <input type="radio"/> Neck pain            | <input type="radio"/> Dizziness          |
| <input type="radio"/> Pain into shoulders/arms/hands  | <input type="radio"/> Low energy/fatigue  | <input type="radio"/> Headaches            | <input type="radio"/> Sinusitis          |
| <input type="radio"/> Numbness/tingling in arms/hands | <input type="radio"/> Allergies/Hay Fever | <input type="radio"/> Weakness in grip     | <input type="radio"/> Coldness in hands  |
| <input type="radio"/> Recurrent colds/flu             | <input type="radio"/> Visual disturbances | <input type="radio"/> Hearing disturbances | <input type="radio"/> Thyroid conditions |

**THORACIC SPINE (UPPER BACK):**

*Subluxations in the upper back can irritate and weaken the nerves to the heart and lungs and affect these parts of the body. **Do you experience any of the following:***

- |                                                            |                                            |                                                  |                                       |
|------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="radio"/> Pain on deep inhalation/exhalation   | <input type="radio"/> Heart attacks/angina | <input type="radio"/> Shortness of breath        | <input type="radio"/> High heart rate |
| <input type="radio"/> Recurrent lung infections/bronchitis | <input type="radio"/> Asthma/wheezing      | <input type="radio"/> Heart palpitations/murmurs |                                       |

**THORACIC SPINE (MID BACK):**

*Subluxations in the mid back can irritate and weaken nerves to the ribs/chest and upper digestive tract, and affect these parts of the body. **Do you experience any of the following:***

- |                                            |                                        |                                    |                                                    |
|--------------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------------|
| <input type="radio"/> Mid back pain        | <input type="radio"/> Nausea           | <input type="radio"/> Reflux       | <input type="radio"/> Tired/irritable after eating |
| <input type="radio"/> Pain into ribs/chest | <input type="radio"/> Ulcers/gastritis | <input type="radio"/> Hypoglycemia | <input type="radio"/> Indigestion/heartburn        |

**LUMBAR SPINE (LOW BACK):**

*Subluxations in the low back can irritate and weaken nerves to the legs/feet and pelvic organs and affect these parts of the body. **Do you experience any of the following:***

- |                                                            |                                                    |                                                              |
|------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| <input type="radio"/> Numbness/tingling into the legs/feet | <input type="radio"/> Low back pain                | <input type="radio"/> Recurrent bladder infections           |
| <input type="radio"/> Coldness in the legs/feet            | <input type="radio"/> Frequent/difficult urination | <input type="radio"/> Menstrual irregularities/severe cramps |
| <input type="radio"/> Constipation/diarrhea                | <input type="radio"/> Sexual dysfunction           |                                                              |

EXTREMITIES (LIMBS, OTHER JOINTS OF THE BODY):

*Subluxations and misalignments of other joints of the body can cause pain, weakness, and problems with daily life. Do you experience any problems with any of the following joints:*

- Wrists     Elbows     Shoulder joint     Ribs     Jaw     Hip joint     Knees     Ankles
- Others? \_\_\_\_\_

PLEASE LIST ANY HEALTH CONDITIONS OR MEDICAL DIAGNOSES NOT MENTIONED: \_\_\_\_\_

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**XRAY CONSENT**

I, \_\_\_\_\_, give my consent to Progressive Chiropractic to perform x-ray examinations that are deemed necessary.

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

(For Women Only) I, \_\_\_\_\_, assure Progressive Chiropractic that I am not pregnant.

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

**INFORMED CONSENT TO CHIROPRACTIC TREATMENT**

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 adjustment, 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 sensation, muscle stiffness and spasm. It can also 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.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent 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 will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patient who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

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

- **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery 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 explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment caused either damage to an artery or stroke.

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 may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise 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 chiropractor's attention. 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.**

### **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 hereby consent to chiropractic treatment as proposed to me.

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Name (Please Print)

\_\_\_\_\_  
Signature of patient (or legal guardian)

\_\_\_\_\_  
Signature of Chiropractor

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

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