

NEW PATIENT PROFILE

Name: _____ DOB: _____ Age: _____

Address: _____
Street Suburb Post code

Mob No. _____ (Hm/Wk) _____ Occupation _____

E-mail: _____

GP's name _____ GP's location _____

Do you grant permission to contact your GP? Y / N Do you have private health insurance? Y / N

How did you find out about us? Referred by _____ Google Health Engine

Signage Gonstead-related Other _____

Have you seen a chiropractor before? Y / N - If yes, when were you last adjusted? _____

CURRENT SYMPTOMS

If you have no symptoms and are here for wellness services, please tick here **OR**

Briefly describe your presenting health complaint including its effect on your quality of life:

When did your symptom/s start? _____

Have you had any other treatment for this complaint? Y / N If yes, what? _____

Have you experienced this problem/s before? Y / N. What did you do about it? _____

Since symptoms started they have: Gotten better Stayed the same Gotten worse

Your pain is best described as: Sharp/stabbing Dull ache Burning **AND** Constant Comes and goes

Does your pain *radiate* to other parts of your body? Y / N If yes, where to? _____

What, if anything, makes it feel *worse*? _____

What, if anything, makes it feel *better*? _____

Please list any medications you are taking: _____

How long has it been since you really felt good? _____

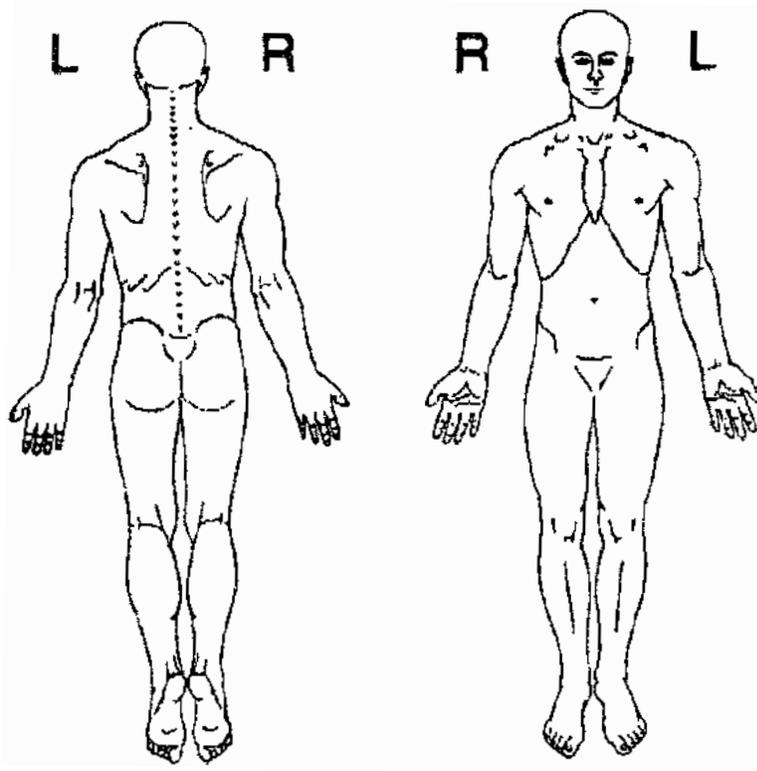
Have any X-rays been taken of your area of concern, back or neck? Y / N. If yes, when and where?

As a result of my chiropractic care, I would like to (Please tick all that apply)

- Feel better quickly;
- Have a healthier body by keeping my spine and nervous system healthy;
- Live a healthier lifestyle and have a better quality of life.

PAIN DESCRIPTION

Mark areas on the body map with an arrow and appropriate letter where you feel the described sensations. Include all affected areas



- “A” Aching
- “S” Stabbing
- “P” Pins & needles
- “N” Numbness
- “B” Burning

PAST MEDICAL HISTORY

Please tick the ‘body signals’ that you are currently experiencing or have experienced in the last 12 months:

- | | | | | |
|---|--|--|---|---|
| <p>General</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of energy <input type="checkbox"/> Frequent colds <input type="checkbox"/> Allergies <input type="checkbox"/> Fever/chills <input type="checkbox"/> Skin conditions <input type="checkbox"/> Loss of balance <input type="checkbox"/> Fainting <input type="checkbox"/> Seizures | <p>Muscle and joint</p> <ul style="list-style-type: none"> <input type="checkbox"/> Faulty posture <input type="checkbox"/> Backache <input type="checkbox"/> Neck pain <input type="checkbox"/> Arthritis <input type="checkbox"/> Painful tailbone <input type="checkbox"/> Pins & needles <input type="checkbox"/> Elbow pain <input type="checkbox"/> Shoulder pain <input type="checkbox"/> Foot pain <input type="checkbox"/> Numbness in hand/foot | <p>Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Migraine <input type="checkbox"/> Dizziness <input type="checkbox"/> Blurred vision <input type="checkbox"/> Poor memory <input type="checkbox"/> Poor concentration <input type="checkbox"/> Poor sleep <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Irritability <input type="checkbox"/> Irritable bowel | <p>Ears, nose & throat</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of hearing <input type="checkbox"/> Ringing in ears <input type="checkbox"/> Loss of taste/smell <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Sinus problems | <p>Females</p> <ul style="list-style-type: none"> <input type="checkbox"/> Post menopause <input type="checkbox"/> Irregular cycles <input type="checkbox"/> Cramps <input type="checkbox"/> PMS <input type="checkbox"/> Painful menstruation <input type="checkbox"/> Abnormal discharge <p>Are you pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Birth control pill?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Respiratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma/bronchitis <input type="checkbox"/> Difficult breathing <input type="checkbox"/> Nasal congestion <input type="checkbox"/> Chronic cough <input type="checkbox"/> Phlegm <input type="checkbox"/> Bloody phlegm | <p>Cardiovascular</p> <ul style="list-style-type: none"> <input type="checkbox"/> High blood pressure <input type="checkbox"/> Rapid heart beat <input type="checkbox"/> Slow heart beat <input type="checkbox"/> Swelling hands/feet <input type="checkbox"/> Poor circulation <input type="checkbox"/> Past heart attack <input type="checkbox"/> Past stroke | <p>Gastrointestinal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indigestion <input type="checkbox"/> Belching or gas <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Heartburn/reflux <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Bloody stools <input type="checkbox"/> Haemorrhoids | <p>Genitourinary</p> <ul style="list-style-type: none"> <input type="checkbox"/> Painful urination <input type="checkbox"/> Frequent urination <input type="checkbox"/> Blood in urine <input type="checkbox"/> Incontinence <input type="checkbox"/> Sterility | |

CONSENT TO CHIROPRACTIC CARE (Consent)

Chiropractic care is recognized as being an **effective and safe method of care for many conditions**. However, you must recognize there are risks associated with the assessment and treatment of all health care procedures, which you should be informed about. For example:

- Some possible risks include strain/injury to a ligament or a disc in the neck (**current statistics** e.g. 1 in 62,000)¹.
- For some patients especially with bone weakening diseases, a fracture of a bone although rare is possible.
- Other risks which also very rarely happen may include muscle and joint soreness, nausea and dizziness, encroachment causing nerve irritation and referred symptoms.
- In very rare circumstances, some treatments of the neck may damage a blood vessel and lead to stroke or related symptoms (**current statistics** e.g. between 1 in 2 million - 1 in 5.85 million)² - which is just as likely as consulting your GP or walking down the street.

It is important to compare the above chiropractic risks with some other potential health/life risks:

- Official Australian government reports reveal that preventable medical error in hospitals is responsible for 11% of all deaths in Australia^{3,4}, which is about 1 of every 9 deaths. If deaths from properly researched, properly registered, properly prescribed and properly used drugs were added along with preventable deaths due to private practice it comes to a staggering 19%, which is almost 1 of every 5 deaths.
- Driving a car for 400km exposes drivers to a risk of dying which is 1 in 10,000 people⁵.
- In addition, marathon running, an activity probably considered healthy, demonstrates a risk of dying which is 1 in 80 to 90,000 people⁶.
- Interestingly, skydiving is less risky than marathon running and represents a risk of dying which is 1 in 100,000 people⁷.

I hereby give my consent to the performance of the proposed chiropractic care by Dr Lazar Jancic or any other practitioner working in this clinic.

I understand that I can withdraw the consent at any time.

Patient's name

(Guardian's name for patients under 18)

Patient's signature

(Guardian's signature for patients under 18)

Dated: _____

Chiropractor's signature

1 Halderman: *Dvorak Study in Principles & Practice of Chiropractic*, 2nd Ed.

2 Halderman, et al. *Spine* vol 24-8 1999

3 *iatrogenic Injury in Australia* – This is the executive summary of a 150 page official report revealing 14,000 preventable medical error deaths (only in hospitals – not private practice).

4 Australian Bureau of Statistics – Australian 1994 total deaths (1994) = 126,692. This figure rose to 158,504 in 2016.

5,6,7 Hassan Vally, Epidemiologist, ABC News: *What's most likely to kill you? Measuring how deadly our daily activities are*: February 2017