

SOUTH OC CHIROPRACTIC -Massage & Chiropractic Intake Forms

Name: _____ Today's Date: _____
Address: _____
City/State/Zip: _____
Phone: (Day) _____ (Evening) _____
Email used with voucher _____ Date of Birth: _____
Occupation _____
Emergency Contact _____ Phone _____

Voucher# _____

Reason for purchasing this deal: Chiropractic exam ____ Massage ____ Posture exam ____ All ____

What Type of Health Insurance do you have? HMO PPO KAISER NONE

Would you like a Free Insurance verification to find out if your plan covers Massage &/or Chiropractic?

Yes /No

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? **Yes/No**

If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? **Yes/No**

If yes, please explain _____

3. Do you have any allergies? **Yes/No** If yes, please explain _____

4. Do you have sensitive skin? **Yes/No**

5. Do you sit for long hours at a workstation, computer, or driving? **Yes/No**

If yes, please describe _____

6. Do you perform any repetitive movement in your work, sports, or hobby? **Yes/No**

If yes, please describe _____

7. Do you experience stress in your work, family, or other aspect of your life? **Yes/No**

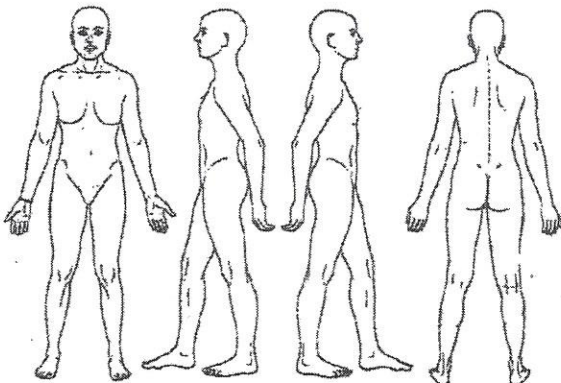
If yes, how do you think it has affected your health? Muscle tension () anxiety () insomnia () irritability ()
other _____

8. Is there a particular area of the body where you are experiencing tension, stiffness, pain

If yes, please identify _____

9. Do you have any particular goals in mind for your chiropractic and massage session?

If yes, please explain _____



Circle any specific areas you would like the massage therapist to concentrate on during the session:

CONTINUE ON BACK

Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? **Yes/No**

If yes, please explain _____

12. Do you see a chiropractor? **Yes/No**

13. Are you currently taking any medication? **Yes/No**

If yes, please list _____

14. Have you had any past surgeries? **Yes/ No**

If yes, please list _____

15. Please check any condition listed below that applies to you:

- contagious skin condition
- open sores or wounds
- easy bruising
- recent accident or injury
- recent fracture
- recent surgery
- artificial joint
- sprains/strains
- current fever
- swollen glands
- allergies/sensitivity
- heart condition
- high or low blood pressure
- circulatory disorder
- varicose veins
- atherosclerosis
- phlebitis
- deep vein thrombosis/blood clots
- joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
- osteoporosis
- epilepsy
- headaches/migraines
- cancer
- diabetes
- decreased sensation
- back/neck problems
- Fibromyalgia
- TMJ
- carpal tunnel syndrome
- tennis elbow
- pregnancy If yes, how many months? _____

Please explain any condition that you have marked above _____

16. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the session - only the area being worked on will be uncovered.

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the doctor's, therapist's or South OC Chiropractic part should I fail to do so.

Signature of Client _____ **Date** _____



South OC Chiropractic

CONSENT TO CHIROPRACTIC CARE

Congratulations for choosing the safest and most natural health care program ever conceived: Chiropractic. This painless, logical, and effective approach to health has been serving everyday people for over 100 years. It is licensed in every state, and in many countries as well. Chiropractic has the least chance of side effects of any other type of health care. Mild headaches and muscles soreness may sometimes occur.

Let's look at a few statistics about possible serious side effects:

The #1 cause of death in the US is from correctly and incorrectly prescribed pharmaceutical drugs. (CDC, FDA, NIH sites, also Gary Null: Death By Medicine)

Stroke is one of the most common causes of death in the US. With people going to doctors all the time it is probable that many will have had a recent doctor visit. But causation is another matter entirely.

There is no absolutely known material risk of chiropractic care being greater than risks from medical treatment. In fact, when all the factors are taken together, deaths and injuries from a combination of medical mistakes and intentional drugs dwarf any injuries from chiropractic.

Risk of stroke from chiropractic? Virtually zero chance of stroke from chiropractic. The largest study ever done – the 2008 study in Canada – www.bellevuechiro.com/index.php?p=213660 – looking at 12 million people over 9 years, showed that 53% of strokes had visited their MD within 30 days prior, while only 4% had visited their DC. No evidence of excess risk of stroke associated with chiropractic care.

In 2001 the Canadian Medical Association Journal found there is only a one-in-5.85-million risk that a cervical manipulation from an MD, PT, or DC would be followed by a stroke. Author David Cassidy, a professor of epidemiology at the University of Toronto said patients had already damaged the artery before seeking help from either a medical doctor or a chiropractor, and then the stroke occurred after the visit.

Speaking of risks associated with chiropractic, we should look also at the risk associated with NOT GETTING adjusted. This risk was one of the 4 components of risk in the Association of Chiropractic Colleges guidelines on informed consent in 2008.

Disc degeneration, loss of mobility, loss of overall tone, decreased quality of life – these are real risks of the untreated spine as time goes by.

Doctors of Chiropractic who use manual therapy techniques are required to advise patients that there are or may be some risks associated with such treatment. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains as a result of manual therapy techniques:
- b) There are reported cases of stroke associated with many common neck movements including adjustments of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustment is extremely remote;
- c) There is rare reported cases of disc injuries following cervical and lumbar spinal adjustments or chiropractic treatment. Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same treatments.

I acknowledge the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent. I consent to the chiropractic treatments offered or recommended to me by my chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

Patient Sign

Print

Date