Dr. Todd Patterson
Complete Wellness Clinic
235 Starwood Dr., Unit 3
Guelph, ON N1E 7M5 (519) 763-8855

CONFIDENTIAL PATIENT INFORMATION SHEET

NP # _____

Please complete FULLY and accurately.

OFFICE USE ONLY

PERSONAL HISTORY

Name: _____ Date: _____
Date of Birth (DD/MM/YY): _____ Age: _____ Sex: Male or Female (please circle)
Address: _____ City: _____ Postal code: _____
Tel: Home _____ Business or Cell (circle) _____
Where do you wish to be contacted? (check) ☐ Home ☐ Business ☐ Cell
Occupation: _____ Marital status: _____ # of children _____
Family Dr (Name &Tel.): _____
Emergency contact (Name, Tel. & Relationship): _____
Email address: _____

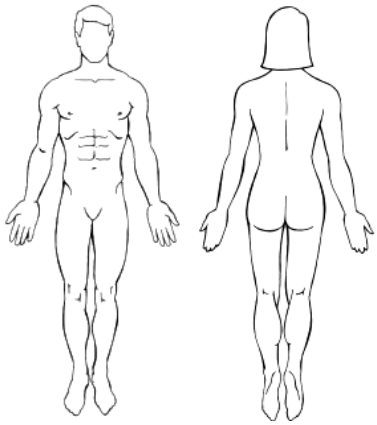
How were you referred to this clinic?

☐ Massage Therapist
☐ Website
☐ Yellow pages/Goldbook/Phone Guide
☐ Friend/family (specify) _____
☐ Health/injury talk
☐ Other (please specify) _____

Is this a **Work Injury/Workplace Safety & Insurance Board injury (WSIB)**? ☐ No ☐ Yes
Are your injuries related to a **Motor Vehicle case**? ☐ No ☐ Yes

CURRENT HEALTH HISTORY

Current complaint(s) – in order of importance to you
1) _____
2) _____
3) _____



On the drawings to the right mark all painful areas with an **X**

Describe the pain:

☐ Sharp & stabbing ☐ Burning
☐ Pins & needles ☐ Dull, ache
☐ Numb ☐ Stiff & tight

How long have you had this injury? _____
Have you had it before? ☐ N ☐ Y
Previous Chiropractic care? ☐ N ☐ Y Reason for treatment: _____

Circle your level of **Pain/discomfort**
(0 = no pain, 10 = worst pain)
0 1 2 3 4 5 6 7 8 9 10

Circle your general level of **Stress**
(0 = low stress, 10 = high stress)
0 1 2 3 4 5 6 7 8 9 10

Circle your level of **Commitment** to correcting the problem
(0 = low level, 10 = high level)
0 1 2 3 4 5 6 7 8 9 10

Current **exercise routine** (type of activity, frequency, duration): _____
_____
List any **medications, supplements** (vitamins, etc) that you are currently taking: _____
_____

Do you wear Orthotics? ☐ N ☐ Y - If YES, how long have you had them? _____
Are you a smoker? ☐ N ☐ Y - If YES, _____ cigarettes/day for _____ years
Do you drink? ☐ N ☐ Y - If YES, _____ glasses per week
Personal satisfaction with diet? ☐ Highly satisfied ☐ Satisfied ☐ Dissatisfied
FEMALES ONLY: Are you pregnant? ☐ N ☐ Y
Sleep: Hours per night _____ Height: _____ Weight: _____

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Patient's Name:

FAMILY HEALTH HISTORY

Have you or anyone in your family had the following (specify whom):

- ☐ Heart disease _____
- ☐ High blood pressure _____
- ☐ Cancer _____
- ☐ Diabetes _____
- ☐ Stroke _____
- ☐ Other diseases _____

PAST HEALTH HISTORY

List any previous **Surgeries** and the year(s) they occurred

_____ Year _____ _____ Year _____

List any previous **Fractures** and the year(s) they occurred

_____ Year _____ _____ Year _____

List any previous **Accident / traumas** and the year(s) they occurred

_____ Year _____ _____ Year _____

GENERAL HEALTH INFORMATION

Please check the symptoms you have experienced in the **past 6 months**

HEAD AND NECK

☐ Headache	☐ Neck pain	☐ Hearing problems	☐ Ringing in the ears
☐ Sinusitis	☐ Vertigo/ Dizziness	☐ Eye problems	☐ Vision problems
☐ Nose problems	☐ TMJ (jaw pain)	☐ Sore throat	☐ Voice changes

CHEST, LUNG, HEART, AND SKIN

☐ Chest pain	☐ Palpitations (heart)	☐ Blood pressure problems	☐ Allergies
☐ Insomnia	☐ Night sweats	☐ Lung problems	☐ Shortness of breath
☐ Asthma	☐ Skin problems	☐ Restlessness, irritability	

DIGESTIVE SYSTEM AND MISCELLANEOUS

☐ Nausea, vomiting	☐ Heartburn	☐ Poor appetite	☐ Loss of taste
☐ Bloating	☐ Diarrhea	☐ Constipation	☐ Abdominal pain
☐ Gas, rumbling	☐ Hemorrhoids	☐ Frequent weight change	☐ Bruising easily

LIVER AND GALL BLADDER

☐ Liver problems	☐ Sweaty palms	☐ Sweats easily	☐ Irritated easily
☐ Brittle nails	☐ Bitter taste in mouth	☐ Muscle cramps	☐ Anxiety
☐ Slow digestion	☐ Tension headaches	☐ Stiff joints and muscles	☐ Restlessness

KIDNEY, URINARY TRACT, ENDOCRINE SYSTEM AND VARIOUS

☐ Kidney stones	☐ Urinary bladder problems	☐ Kidney problems	☐ Prostatitis
☐ Frequent urination	☐ Urinary tract infections	☐ Incontinence	☐ Feeling cold/hot
☐ Feeling low energy	☐ Low back pain	☐ Joint pain	☐ Weak or sore knees

GYNECOLOGICAL SYSTEM (WOMEN ONLY)

☐ Painful periods	☐ Heavy periods	☐ Irregular periods	☐ Long periods
☐ Absent periods	☐ Hot flashes	☐ Endometriosis	☐ Painful intercourse
☐ Fertility problems	☐ Pre-menstrual syndrome	☐ Miscarriages, abortions	☐ Breast problems

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OUR FEES

Type of appointment	Adults	Seniors (65+), Students	Child (under 5)
Initial visit	$70	$70	$50
Subsequent visit	$35	$30	$25
Acupuncture	$40	$40	-
Chiropractic & Acupuncture	$50	$50	**House Calls** $60

****PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.**
Payment can be made by cash, cheque, debit, VISA/MC. If you cannot attend an appointment, please give **24 HOURS NOTICE** so that another patient may receive care during that time. I have read the above and understand that I am responsible for all charges relating to my visit.

INFORMED CONSENT

Doctors of Chiropractic, Medical doctors and physiotherapists who use manual therapy techniques such as spinal adjustments and manipulations are required to advise patients that there are some risks associated with such treatment. In particular, you should note:

- While rare, some patients have experienced muscle strain, ligamentous sprain and rib fracture following spinal adjustments or manipulation.
- There have been reported cases of injury to the vertebral artery (blood vessel located in the neck) following adjustment or manipulation to the neck. Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment. The possibility of such injuries resulting from neck spinal adjustment or manipulation is extremely rare.
- There have been rare reported cases of disc injuries following neck or low back spinal adjustment or manipulation. However, scientific study has not supported that such injuries are caused, or may be caused, by spinal adjustments or Chiropractic treatment.

Chiropractic treatment, including spinal adjustment or manipulation, has been the subject of government reports and multi-disciplinary studies conducted over many years. These reports and studies have demonstrated Chiropractic treatment to be effective for spinal pain, headaches and other similar symptoms. Chiropractic care may contribute to your overall well-being. The risk of injuries or complications from Chiropractic treatment is substantially lower than that associated with other treatments, medications and procedures given for the same symptoms.

I acknowledge, I have discussed or have had the opportunity to discuss, with Dr. Patterson the nature and purpose of Chiropractic treatment in general and my treatment in particular as well as the contents of the consent.

I consent to the Chiropractic treatment offered or recommended to me by Dr. Patterson, including spinal adjustment. I am of legal age to give this consent.

Date _____ _____ _____
Print patient/guardian name **Signature of patient/guardian**

ACUPUNCTURE TREATMENT
I understand and am informed that in the practice of Acupuncture there are risks to treatment. These include but are not limited to minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, possible perforation of organs and stuck or bent needles. I have been advised that only pre-sterilized single use needles will be used.

Date _____ _____ _____
Print patient/guardian name **Signature of patient/guardian**

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PATIENT NAME: AGE: DX:

C0 ADJ DATE: VISIT#
C1 MOB
C2 STM
C3 THU
C4 TXN
C5 ACT
C6 HMP
C7 DRP
T1 SOT
T2 MFR
T3 ART
T4 PIR
T5 U.S.
T6 ACU
T7 ICE
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T12
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∇ NEXT VISIT:

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Patient's Name:

CHIEF COMPLAINT (S):

PMHx:

FMHx:

Meds:

CROM **LROM** **Posture** **BP seated**

Flex 90_____ Flex 80_____
Ext 70_____ Ext 35_____
LRot 70_____ LRot 45_____
RRot 70_____ RRot 45_____
LLF 45_____ LLF 25_____
RLF 45_____ RLF 25_____ **Muscular findings**

UE LE
M

R **Motion palpation**

S

Houle's	**Bechterew's**	
Dejerine's Sign	**Kemps**	
Valsalva	**Lasegue's Sitting Test**	
O'Donoghue Maneuver	**SLR**	
Brachial Plexus Tension	**Bragard's**	
CervicalCompresson	**Double Leg Raise**	
Jackson's Compression	**Patrick Fabere**	
Shoulder Depression	**Hyerextension Test**	
Cervical Distraction	**Yeoman's**	
Adson's	**Nachlas**	
	Heel to Toe Walk	