Name:	
DOB:	Gender:
Mobile:	Home Ph:

Address:		
Email:		Occupation:
Reason for visit:		
Are there any actions/activities that make it worse?		
Are there any actions/activities that make it better?		
Medical history *(please include any injuries, surgeries, car accident, broken bones etc)*		
Medications:		
GP Details if known:		
Emergency Contact:	Relationship	Phone number:

How did you hear about us?

Facebook　Instagram　Google　Live locally　Signage　Family　Lockleys FC

Referred by patient ____

Other (please list) ____

Please read below and tick if you have had any of the following in the last 6 months

General Health

- ◻ Headache/Migraine
- ◻ Tension/Stress
- ◻ Dizziness/Fainting
- ◻ Loss of sleep
- ◻ Reduced Concentration
- ◻ Irritable/Nervousness
- ◻ Depression
- ◻ Fatigue
- ◻ Numbness/Pins & Needles
- ◻ Fever/Chill/Sweats
- ◻ Convulsions
- ◻ Skin Problems
- ◻ Tremors
- ◻ Allergies

Joint and Muscles

- ◻ Neck Pain
- ◻ Pain between the shoulders
- ◻ Lower back pain
- ◻ Coccyx pain
- ◻ Hip/Leg pain
- ◻ Knee pain
- ◻ Hand/wrist pain
- ◻ Foot/ankle pain
- ◻ Spinal Curvature
- ◻ Postural Dysfunction
- ◻ Hernia
- ◻ Repetitive soft tissue injuries
- ◻ Fracture
- ◻ Arthritis

Cadiovascular

- ◻ Rapid heart rate
- ◻ Slow heart rate
- ◻ High blood pressure
- ◻ Low blood pressure
- ◻ Chest pain
- ◻ Left jaw, shoulder and arm pain
- ◻ Chest tightness
- ◻ Cholesterol
- ◻ Previous stroke
- ◻ Poor circulation
- ◻ Ankle swelling
- ◻ Varicose veins
- ◻ Previous heart conditions
- ◻ Family history of heart condition

Ears, Eyes, Nose & Throat

- ▢ Ringing of the ears
- ▢ Blurred vision
- ▢ Visual disturbances
- ▢ Deafness
- ▢ Ear Ache/Ear Infection
- ▢ Sore throat
- ▢ Tonsilitis
- ▢ Sinus problems
- ▢ Vertigo

Respiratory

- ▢ Asthma
- ▢ Difficulty Breathing
- ▢ Chronic cough
- ▢ Coughing up blood/phlegm
- ▢ Chest pain
- ▢ Bronchitis
- ▢ Pneumonia
- ▢ Respiratory diseases

Urinary

- ▢ Painful urination
- ▢ Increased urination
- ▢ Blood in urine
- ▢ Urinating at night
- ▢ Bladder infections

Female Reproductive

- ▢ Painful menstruation
- ▢ Excessive flow
- ▢ Irregular menstruation
- ▢ Cramps or back ache
- ▢ Abnormal discharge
- ▢ Post menopause
- ▢ Birth control pill

- ▢ Currently pregnant

Gastrointestinal

- ▢ Poor digestion
- ▢ Nausea /vomiting
- ▢ Pain over stomach
- ▢ Constipation/Diarrhoea
- ▢ Blood in stool
- ▢ Colon trouble
- ▢ Heart burn
- ▢ Gall bladder
- ▢ Difficulty swallowing

Other (please list)

Informed Consent: Chiropractic Treatment

Law requires all practitioners who manipulate the spine are required to notify the patients of the risks involved in treatment. In rare circumstances, treatment to the neck can damage blood vessels and cause stroke like symptoms. Upon your examination we will perform specific orthopaedic tests to minimise any likelihood of this occurring. The likelihood is approximately 1 in 5.85 million neck manipulations (Haldeman, et al. Spine Vol 24-8 1999). Also when appropriate, relevant information regarding your case maybe sent to other medical professionals for proper management of your condition.

Other risks may include sprain/injury to ligament, discs to the neck (1 in 139,000) or lower back (1 in 62,000).
(Dvorak study in principles and practice of chiropractic, Haldeman. 2nd Ed). Initially some patients will notice an increase in headaches/migraines if predisposed and nonspecific aches and pains to the area treated.

Informed Consent: Dry Needling (Chiropractic / Physiotherapy / Remedial Massage)

Dry needling is the use of small acupuncture needles without medication or solutions. The risks involved in this treatment include: bruising, temporary pain, bleeding, nerve injury, pregnancy termination, pneumothorax, fainting, dizziness, rash and muscular pain. Serious Adverse Events (AE's) Pneumothorax, Cardiac Tamponade & damage to organs (0.04%). Mild or moderate AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness,
all 0.01%. *Brady, S et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013)*

I, ____ have read the above information and give my consent to treatment.

Patient signature:

Practitioners Signature:

Date: