CHIROPRACTIC ASSOCIATES CLINIC

1127 LAKEWOOD COURT NORTH, REGINA, SK S4X 3S3 · PH: (306) 924-5300 · FAX: (306) 924-5252
EMAIL: cac.north@accesscomm.ca

CHIROPRACTIC HEALTH UPDATE

Last Name: _____ First Name: _____ Today's Date: __ __ (MM) __ __ (DD) __ __ (YY)

Personal Health #: __ __ __ __ __ __ __ __ __ Date of Birth: __ __ (MM) __ __ (DD) __ __ (YY)

Address: _____ City: _____ Prov: _____ Postal Code: _ _ _ _ _ _

Email: _____ Family Doctor: _____

Phone #: Home: (_ _ _) _ _ _ - _ _ _ _ Work: (_ _ _) _ _ _ - _ _ _ _ Cell: (_ _ _) _ _ _ - _ _ _ _

Place of Employment: _____ Occupation: _____

Emergency Contact Name: _____ Relationship: _____

Phone #: Home: (_ _ _) _ _ _ - _ _ _ _ Cell: (_ _ _) _ _ _ - _ _ _ _ Work: (_ _ _) _ _ _ - _ _ _ _

**NOTE: Text messaging is used to notify patients about upcoming appointments. Would you like to receive text messages from our office? ☐ Yes ☐ No*

Please note any health changes since your last visit. Add any relevant comments, even if they may already be in our records. Any additional information can be added as comments below.

Have you had any of the following? Please check "Yes" or "No".		
Headache?	☐ Yes	☐ No
Fainting or dizziness?	☐ Yes	☐ No
Joint pain or stiffness?	☐ Yes	☐ No
Serious infections?	☐ Yes	☐ No
Lung or breathing problems?	☐ Yes	☐ No
Angina, heart attacks, or high blood pressure?	☐ Yes	☐ No
Kidney, bladder, urinary or prostate problems?	☐ Yes	☐ No
Digestive, gall bladder, stomach or intestinal problems?	☐ Yes	☐ No
Menstrual problems?	☐ Yes	☐ No
Surgery?	☐ Yes	☐ No
Had or have been suspected of having cancer?	☐ Yes	☐ No
Been hospitalized or had any illnesses since your last visit?	☐ Yes	☐ No
Seen a doctor of anything of a more serious nature?	☐ Yes	☐ No
Had any fractures?	☐ Yes	☐ No
Fallen, or slipped and almost fallen?	☐ Yes	☐ No
Been in any automobile accidents?	☐ Yes	☐ No
Been in any workplace accidents?	☐ Yes	☐ No

Briefly elaborate on the above problems. _____

_____

Briefly elaborate on your present complaint. _____

_____

Please list any medications you have taken in the past year. Please circle those that you are currently taking.

_____

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

Updated: September 2025

CONSENT TO CHIROPRACTIC TREATMENT

It is important to consider the benefits, risks and alternatives to treatment. This will help you make an informed decision about proceeding with care.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body. It also includes soft-tissue techniques, therapeutic modalities and exercise.

Benefits - Chiropractic treatment has been shown to be effective for complaints of the neck, back and other areas of the body related to nerves, muscles and joints. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility and improve function.

Risks - The risks associated with chiropractic treatment vary according to each patient's condition and the location and type of treatment. The risks include:

- **Temporary discomfort or worsening of symptoms** – Treatment may cause some discomfort or an increase in pre-existing symptoms of pain or stiffness. This can last a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur with the use of some types of electrical and light therapies. Skin irritation should resolve. A burn may leave a permanent scar.
- **Sprain or strain** – A muscle or ligament sprain or strain may occur. These should resolve within a few days or weeks with rest, minor care and/or protection of the affected area.
- **Rib fracture** – A rib fracture may occur. This can be painful and limit your activity for some time. These usually heal over several weeks with or without further treatment.
- **Disc injury or aggravation** – Some reported cases associate chiropractic treatment with injury or aggravation of a disc condition. This is rare. Spinal discs may degenerate with age or become damaged, with or without symptoms. Signs and symptoms may include neck and back pain, impaired mobility, or radiating pain and numbness into the legs or arms. In severe cases, impaired bowel or bladder function or impaired leg or arm function may occur, which may need surgery.
- **Stroke** – Some reported cases associate chiropractic treatment of the neck with stroke. This is rare. This type of stroke is a serious event involving arteries in the neck and the interruption of blood flow to the brain. The consequences of a stroke can include impairment of vision, speech, balance and brain function, as well as paralysis or death. If signs of stroke occur, seek medical attention immediately.

Alternatives - Alternatives to chiropractic treatment may include consulting other health professionals, over-the-counter pain relievers, rest, and exercise. Each may have their own benefits and risks.

Questions or concerns - Please ask questions at any time about 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. You are encouraged to be involved in and responsible for your care. Inform your chiropractor immediately of any change in your health or condition.

I acknowledge that I have discussed my condition and the treatment plan with the chiropractor. I understand the nature of the treatment offered to me. I have considered the benefits and risks of treatment and the treatment alternatives. I have read this form or had it read to me. I consent to chiropractic treatment as proposed to me.

Do not sign this form until you meet with the chiropractor.

_____

Patient Name (print)

_____ _____ _____

Patient/Guardian Signature Date Chiropractor Signature