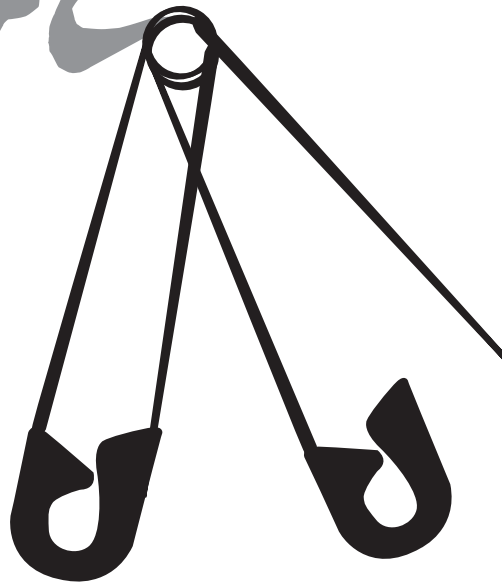


THE
SAFETY PIN
SYSTEM

Life



HEALTH DANGERS - DISCOVERY
DISEASE CAUSATION - ANALYSIS

Restoration
c h i r o p r a c t i c

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THE SAFETY PIN *Life* SYSTEM

THE SAFETY PIN *Life* SYSTEM is a unique approach to **achieving and maintaining optimal health.**

Today in Canada, and the rest of the western world, the priority in health care is to help people after they are already sick. That is a backwards approach to health care, and it is why as a nation we are getting sicker and sicker. Recently a medical researcher stated it plainly, **“We are not living longer we are dying longer.”** In other words, we have the capacity to keep people alive for longer and longer durations, but the majority of these people do not have a good quality of life. They cannot do most of the things that would allow them to live fulfilling lives.

Wouldn't it be great if we could work at staying healthy, instead of waiting to get sick? What if we could role back the biological clock on the average Canadian? What if 50 really was the new 40? Or 60 was the new 50?

What if we could set up a system to allow you to do things at the age of 50 that you thought were impossible to do at the age of 40, or 30 for that matter?

That is exactly what **THE SAFETY PIN *Life* SYSTEM** is designed to do. We are here to help you live longer and healthier, not die longer!!

How does **THE SAFETY PIN *Life* SYSTEM** work?

1. HEALTH DANGERS – DISCOVERY

Unique questions will lead to new answers.

We will begin by looking at the current state of your health and wellness. In essence, how are you doing right now? We will also ask you some detailed questions about your **history** and your **family health history.**

It is important to understand that your current health problem started years ago and was multi-factorial in origin. The only exception would be an acute trauma like a car accident or severe sports injury. Even with acute traumas the extent of the injuries is most often dependent on your health before the accident. Your answers to the following questions offer up clues to what dangers your body is currently encountering and will give us a base line for comparison to future outcomes.

2. DISEASE CAUSATION ANALYSIS

We will explore which lifestyle factors are affecting your overall health and your ability to live fully alive. It is a well-known fact that 80% of the risk factors for the two most feared killers; heart disease and cancer, are lifestyle related. The same is true for the majority of chronic illnesses affecting patients today.

Let's get started in understanding your problem and finding a solution.

HEALTH DANGERS - DISCOVERY

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Home #: _____ Age: _____ Birth date: (M) _____ (D) _____ (Y) _____

Workplace: _____ Office #: _____ Occupation: _____

Referred by: _____

Single Widowed Married (SPOUSE'S NAME): _____ Common Law/Partner (NAME): _____

Children's names & ages: _____

PREVIOUS TRAUMAS

MOTORIZED VEHICLE ACCIDENTS

Year: _____ Injuries: _____

Year: _____ Injuries: _____

Year: _____ Injuries: _____

High Speed Collisions >40km/h? Vehicles unrepairable?

Whiplash injury? Un-belted accident?

FALLS

Falls from heights _____

Falls down stairs _____

Other falls _____

Broken bones _____

Childhood falls _____

Falls from:

Trees Roof Play structure Bicycle

POSTURES & HABITS

Sitting >6 hours/day Stomach sleeper

Head forward posture

SPORTS & RECREATION:

Sports injuries: _____

Participation in High Impact Activities:

Hockey Wrestling Basketball

Running Mountain bike Climbing

Football Gymnastics _____

OCCUPATIONAL STRESSES

Occupation _____

Tasks _____

Work injuries _____

Home injuries _____

My job requires:

Heavy Lifting Awkward positions

Repetitive stresses Sitting long periods

BIRTH TRAUMA was your delivery

Difficult Forceps C-section

Epidural Suction Resuscitation

HEALTH DANGERS - DISCOVERY

WHAT ARE YOUR PRESENT HEALTH CONCERNS?

How long have you had this condition?

Have you had a similar condition in the past?

What activities aggravate your condition?

What relieves your condition?

Are you getting pain or numbness in your arms or legs?

Is your condition getting progressively worse?

Yes No It's constant It comes and goes

Pains are: Sharp Dull Burning

Tightness Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

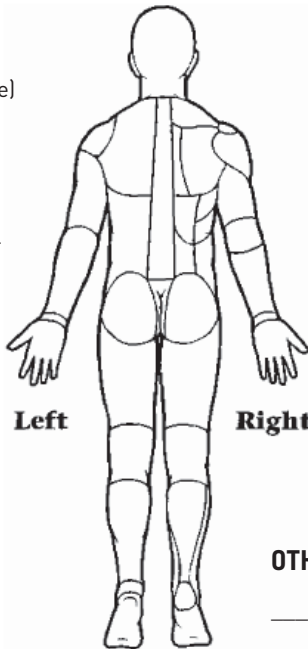
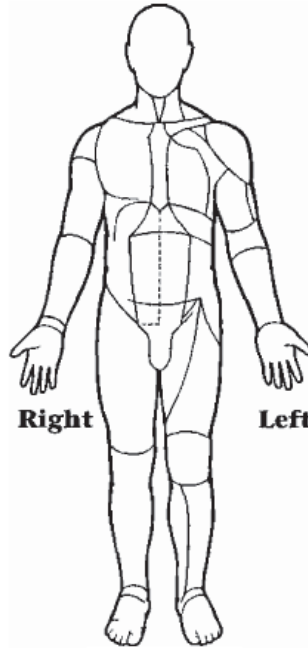
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How is this condition interfering with your life?

Work Daily Routine _____

Other doctors who treated this condition:

FAMILY HEALTH PROBLEMS?



MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:

- Headaches Facial pain
- Vision problems Hearing problems
- Shoulder: Pain / Numbness / Tingling (circle)
- Arm: Pain / Numbness / Tingling (circle)
- Hand: Pain / Numbness / Tingling (circle)
- Hip: Pain / Numbness / Tingling (circle)
- Knee: Pain / Numbness / Tingling (circle)
- Foot: Pain / Numbness / Tingling (circle)
- Neck Pain
- Upper Back Pain
- Middle Back Pain
- Low Back Pain
- Sacroiliac Pain

OTHER HEALTH PROBLEMS?

HEALTH DANGERS - DISCOVERY

PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:

General Symptoms

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsilitis
- Thyroid problems
- Sinus problems

Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

Respiratory system

- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis

General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: _____
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant? Y N
- Excessive /irregular flow
- Abnormal discharge
- Miscarriages # _____
- Date of last menstrual period: _____

HEALTH DANGERS - DISCOVERY

PERSONAL INFORMATION

How has your condition affected your quality of life? _____

How has your condition affected you emotionally? _____

How has your condition affected your family life and/or relationships? _____

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years? _____

If you are a candidate for spinal reconstruction and if we were having this conversation 12 months from today, what has to happen over that time to make you feel happy with your progress? _____

What is your greatest motivation (other than pain) for seeking out a solution for your condition?
(Mobility, quality of life, family, participation in sports, etc.) _____

Do you believe that this condition can improve? _____

In your mind, what are some ways that you can help yourself get better? _____

DISEASE CAUSATION ANALYSIS

EXERCISE

Do you participate in aerobic exercise at least 30 minutes per day?

- 0 days /week 1-2 days /week
 3-4 days /week 5-7 days /week

Do you lift weights or do resistance training?

- Personal Trainer: _____
 Gym membership / name of gym: _____
 Home program - self guided: _____
 DVD / name of program: _____
 Other _____

What activities are you involved in that require balance?

- _____ None

How often do you stretch per week?

- 0 days /week 1-2 days /week
 3-4 days /week 5-7 days /week

EMOTIONAL STRESS

Are you currently experiencing, or have you ever experienced significant stress in the following areas?

- Marriage _____
 Kids _____
 Finances _____
 Work _____
 Elderly Parents - Caregiver _____
 Recent Major Life Events (births, deaths) _____

FAMILY HEALTH HISTORY

What significant health concerns have your family members experienced?

Parents / Siblings: _____

Spouse / Partner: _____

Children: _____

CHEMICAL STRESSES: NUTRITION

Do you feel that you make healthy food choices?

- Yes No Don't Know

How often, and/or how much? _____

Do you have a high intake of fruits and vegetables?

- Yes No Don't Know

Do you have a high intake of lean meat for protein?

- Yes No Don't Know

Are you at your ideal body weight?

- Yes No Don't Know

CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:

- Smoke? Carry excessive weight?
 Consume Alcohol? Take recreational drugs?

How often, and/or how much? _____

MEDICATIONS

For what condition(s)? _____

SURGERIES

For what condition(s)? List (year performed) _____

Any other details that may assist the Doctor in understanding your lifestyle and health status: _____

WHAT YOU CAN EXPECT NOW

YOUR FIRST VISIT

So far today we started a discovery process with you, to determine the source of your health concerns.

THIS HAS INCLUDED:

1. **HEALTH DANGERS** - DISCOVERY questionnaire.
2. **DISEASE CAUSATION ANALYSIS**

NEXT WE WILL GO THROUGH:

3. A detailed **HEALTH HISTORY** with one of our exam specialists.
4. A **CRITICAL BLOCK ANALYSIS**:
A thorough **SPINAL EXAMINATION** by your doctor, to determine any abnormal alignment and motion patterns, and how this is detrimentally affecting the central and peripheral nerve systems and organ function (subluxation).
5. **ANY FURTHER IMAGING STUDIES** that may be necessary such as X-Rays.

YOUR NEXT APPOINTMENT:

After the examination, your doctor will determine if you have critical blocks to healing caused by abnormal alignment or abnormal motion of your spine (subluxations) and if you are a good candidate for reconstructive or structural Chiropractic care. Your doctor will then arrange for your next visit, which is the Doctors Report. The purpose of the Doctor's Report is to review with you the findings from your consultation and examination.

At the Doctor's Report, the doctor will give a detailed overview of how reconstructive structural Chiropractic care works and the scientific evidence supporting the specialized work that we do. The doctor will also review **THE SAFETY PIN *Life* SYSTEM** action plan. This will be done in a small group setting with other new patients.

We know that there is tremendous power in you fully understanding your problem and how we will work with you to correct it. That is why the Doctor's Report is detailed and very informative.

We ask that your spouse comes to the Doctor's Report with you. Health information is complex and it can be difficult to explain your results and **THE SAFETY PIN *Life* SYSTEM** action plan to your spouse if they are not present at the report. Having support and understanding at home is important to your complete recovery.

After the presentation, your doctor will privately review the results of your examination and X-Rays. Your doctor will outline a course of care, discussing how long it will take to correct your spine, how often you will come in for your adjustments, and the financial investment for your care and correction. At that point you will be able to decide how you would like to proceed.

YOU ARE IN GOOD HANDS. YOUR HEALTH IS OUR #1 PRIORITY.

Thank you for giving us the privilege to determine if we can help you become fully alive.