BIOTUNE
CHIROPRACTIC

PATIENT INTAKE FORM

OFFICE USE ONLY:

Intake Date:

Practitioner: Dr. M. Coxall
Dr. C. Lees
Dr. J. Mokrzycki

Informed consent: Y / N / Limited

Flags: Y / N

Notes:

TITLE: _____

SURNAME: _____

FIRST NAME: _____

BIRTHDATE: _____ **AGE:** _____ **SEX: M / F**

ADDRESS:_____

_____ **P.CODE**_____

PHONE: Home: _____ **Mob:**_____

Occupation: _____ **Employer:**_____

E-mail Address: _____

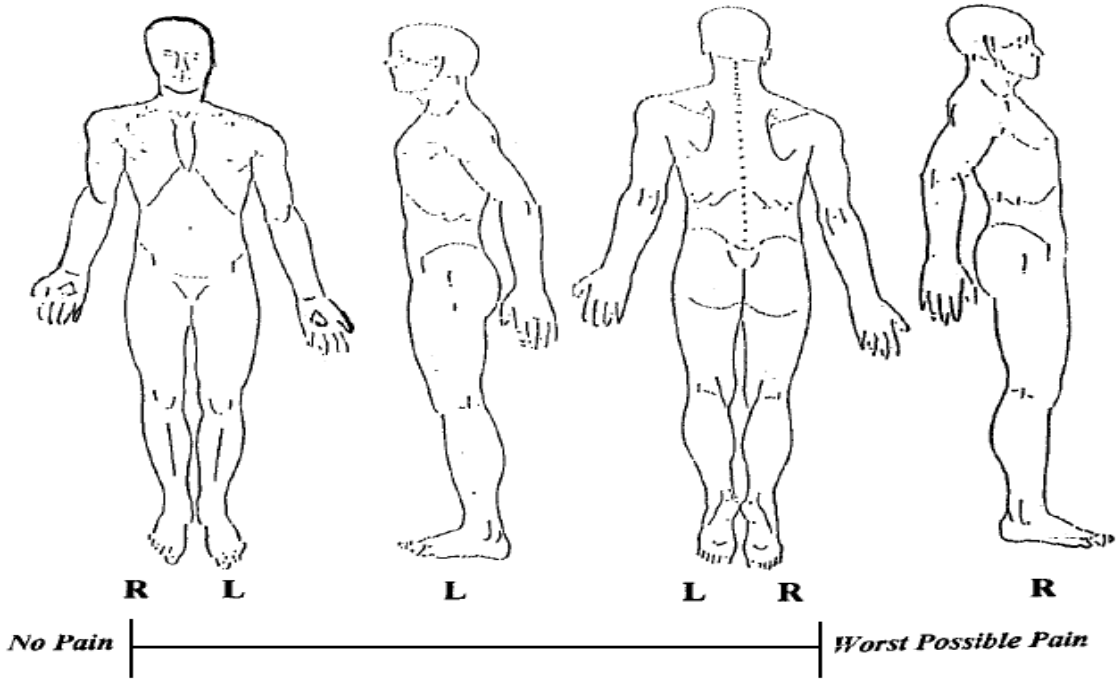
Who Is your GP and where do they practice? _____

How did you find out about us? Please select one

☐ Facebook ☐ Google ☐ Health Engine ☐ Signage/Walk By

☐ Gym: Which _____ ☐ Friend: Please Name _____

PLEASE MARK THE LOCATION OF YOUR PAIN ON THE DIAGRAM BELOW,



INDICATE YOUR PAIN LEVEL on the line above

How long have you had this condition?

What seemed to be the initial cause?

Is it getting worse?

Have you seen a Chiropractor Before? **Y / N**. If yes, when was your last appointment: _____

Have you had X-rays or any other tests? **Y / N**

Is there any chance you could be pregnant? **Y / N**

Do you have any blood-borne diseases such as hepatitis or HIV? **Y / N**

If yes, what type: _____

Have you ever had...		**If yes, please explain briefly...**
Surgery/Hospitalisations	**Y / N**	
Mental Disorders	**Y / N**	
Allergies	**Y / N**	

Please list any medications you take and their purpose:

Please list any vitamins, minerals or other supplements you take:

Have you ever had...

Dizziness / Vertigo	**Y / N**	Unsteadiness	**Y / N**
Loss of Consciousness	**Y / N**	Walking difficulty	**Y / N**
Visual disturbances	**Y / N**	Trouble speaking/ swallowing	**Y / N**
Nausea / vomiting	**Y / N**	Numbness on face or body	**Y / N**

Contraceptive pill / hormone replacements **Y / N**

Do you have any other Health issues or concerns that we should be aware of?

Patient Name	Date:	Clinician: Dr Matt Coxall Dr Charlene Lees Dr Jill Mokrzycki

	History	2ndary complaint
L		
O		
P/P		
Q		
R		
S		
T		
U		
V		

Illness	Systems	Family
Smoke	Alcohol	Drugs
Fun / sports etc		Sleep
Goals and Timelines		
Differentials (Vindicatem)		

Chiropractic treatment including spinal manipulation/adjustment has been reported to be an effective treatment for spinal pain, some headaches and other similar symptoms. Chiropractic care has stood the test of time. The risk of injuries or complications from chiropractic treatment is often lower than that associated with many medical and other treatments. The aim of the treatment is always to improve the patient's health. However, a patient should before undergoing a treatment understand the relevant factors in relation to it.

I,_____, have consulted with Dr Matt Coxall/ Dr Charlene Lees/ Dr Jill Mokrzycki with the following symptoms _____

I understand that the treatment for the above may include: Chiropractic Manipulative Therapy, Soft Tissue Therapy and Rehabilitation exercises.

I have also been advised that the following risks are associated with the treatment:

1) In a minority of cases the treatment may not be successful and I may be in the same position I am now.
2) Although uncommon the treatment may make my condition worse.
    - In the case of treatment with manipulation or adjustments to the spine and pelvis, temporary soreness occurs in about 1 in 3 patients; strains and sprains to the muscles, ligaments and other soft tissues occur but are uncommon; rupture to discs between the spinal vertebrae are uncommon but in these cases nerve pain can ensue with radiation of pain into the arms, trunk or legs. In rare instances this can cause permanent disabling pain and weakness in an arm or leg, and in very rare instances bowel bladder and penis erectile function can be impaired; another rare event is fracture to the ribs.
    - In the Case of manipulation to the neck there have been reported additional cases of injury to arteries in the neck. These are very rare events (approximately 1:100 000 to 1:400 000) but if they occur they have been known to cause stroke sometimes with serious injury such as quadriplegia or death. The risk of these most catastrophic events is extremely rare.
    - Other: Acupuncture (dry needle) treatment is used in this clinic. It is a form of therapy in which fine needles are inserted into specific body points. Acupuncture is generally safe with serious side effects less than one per 10000 treatments. Common side effects included drowsiness, minor bleeding (3%), pain during treatment (1%), increased pain after treatment (3%) and fainting. If acupuncture is provided to your trunk, there is a possibility of a pneumothorax. Single use, sterile disposable needles are only used in this clinic.

3) The alternatives to the treatment are no treatment, medicine provided by a general practitioner, physiotherapy or other treatment such as:

4) This consent is for all treatments referred to above for the same symptoms.

5 I have informed Dr Matt Coxall/ Dr Charlene Lees/ Dr Jill Mokrzycki of any concerns I have about the effect on my health that I am concerned about in undergoing these procedures.

Consent to share Information: I give consent for Biotune Chiropractic to share my medical information with other practitioners such as my general practitioner, massage therapist, trainer or any other medical or allied health practitioner as required.

Dated this_____ day of _____ 20_____.

Patient signature (or legal guardian)_____

___

Practitioner's Signature._____

Name:

BIOTUNE
CHIROPRACTIC

We want to give you the care YOU need Please tell us what you want to achieve…

(Select one or more):

- ☐ Pain relief / Return to work /sport (short term treatment)
- ☐ Maintenance: I want to keep good Posture stay mobile and healthy. (occasional treatment)
- ☐ **THE WORKS:** Keep my body a finely tuned machine for work/sport/play. (regular treatment)
- ☐ Other:_____

When do you *WANT* to achieve this?

- ☐ Short term
- ☐ Long term
- ☐ Specific Date: _____

Measure (How will we know when we achieve your goal?):

eg: 'I will be able to walk without pain' or 'I will be able to touch my toes' etc.

_____

_____

Office Use:

Timeline:

Pain:

1

2

3

Conditioning:

1

2

3

Treatment recommended: (eg 10 visits over 3 months, then monthly)

Other recommendations: