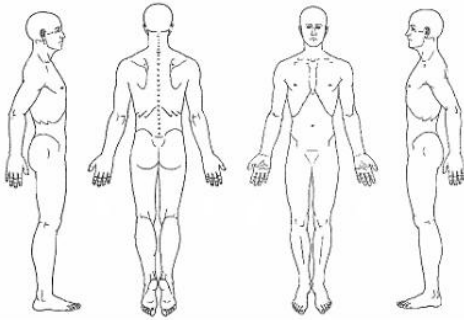


NEW PATIENT INTAKE FORM

Fit For Life Wellness & Rehabilitation Centre (Inside Vellore Medical Centre)

10395 Weston Road, Woodbridge, Ontario, L4H 3T4

Please indicate on the diagrams below, with an 'X', where you feel your pain/discomfort/health concerns.



Place a mark to indicate if you have had any of the following:

- | | | | |
|---------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes I | <input type="checkbox"/> Hernia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Diabetes II | <input type="checkbox"/> Herniated Disk | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Influenza | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fractures | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Gallbladder stones | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Breast Lump | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Rheumatoid Arthritis |

Place a mark to indicate if you have had any of the following or as a result of your health condition today:

- Rheumatic Fever
- Stroke
- Small Pox
- Thyroid Disorder
- Tuberculosis
- Rheumatic Fever
- Ulcers
- Vertigo

General

- Fatigue
- Allergies
- Trouble Sleeping
- Night Sweats
- Fever

Eyes, Ears, Nose Throat

- Vision impairment
- Dental problems
- Sore throat
- Ear ache
- Ringing in the ear
- Hearing difficulty
- Trouble speaking

Gastro-Intestinal

- Poor appetite
- Excessive thirst
- Nausea
- Vomiting
- Weight loss
- Constipation
- Diarrhea
- Haemorrhoids
- Abdominal cramps
- Gas/bloating after meals
- Heartburn
- Black/bloody Stool

Cardiovascular

- Chest pain
- Short breath
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Lung disorders
- Chest congestion
- Blackouts/fainting
- Varicose veins
- Dizziness

Male/Female

- Menstrual cramps
- Breast pain
- Menstrual irregularity
- Prostate enlargement

Genito-Urination

- Bladder dysfunction
- Painful urination
- Excessive urination
- Discoloured urine

Please Read and Sign:

I understand that Wellness & Rehabilitation Treatments (Chiropractic, Massage, Nutrition, Physiotherapy, Foot Doctor, Reiki, Acupuncture, etc.) are not covered by OHIP. The fees are reimbursed by most extended health insurance plans, WSIB or MVA insurance. I understand that professional fees are payable at time service is rendered. Insurance reimbursement is my responsibility as a patient and client. There are **no refunds** on custom-made or special order items including orthotics and footwear. If my insurance plan can be billed direct (electronically), I allow permission for the clinic to bill on my behalf. I am responsible for the difference. I realize that treatment rates may vary based on the following: type of treatment provided, workers compensation coverage and motor vehicle insurance coverage.

Our team aims to accommodate all patients with a scheduled treatment time that works within their daily routine. We strive to take on new patients and last minute emergency treatments into our schedule. We always aim to stay on time with our appointments. Last minute cancellations (hours to minutes before a scheduled treatment) impact everyone concerned, including existing patient(s), practitioner(s) and new patients. Thus, we have created a **cancellation policy**, in order to enforce that appointments are attended or cancelled/rescheduled at least 1 day (24 hours) prior. In the case of a missed or last minute cancellation the below fees apply. While we do not make courtesy reminder calls, it is ultimately your responsibility as a patient to attend appointments that you have booked.

Missed Appointments:	
<p><i>Chiropractic & Physiotherapy:</i></p> <p>1st time: Friendly Reminder 2nd time: 100% of patient fee</p>	<p><i>Massage, Acupuncture & Nutrition</i></p> <p>1st time missed appointment: 100% of fee</p>

I understand the above terms and conditions:

Patient's Signature

Date

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HISTORY:

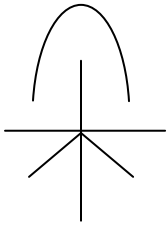
L:	I:
O:	C:
D:	A:
R:	R:
F:	A:

PHYSICAL:

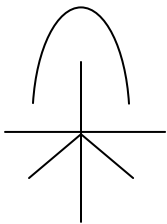
Blood Pressure =

Weight =

Height =



Active ROM



Passive ROM

DIAGNOSIS:

PLAN OF MANAGEMENT:

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CONSENT TO CHIROPRACTIC TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment. Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while. Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition. The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.
- **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke. Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

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Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke. The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding 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.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

Name (Please Print)

Signature of patient (or legal guardian)

Signature of Chiropractor

Date: _____ **20**____

Date: _____ **20**____