

Thank you for downloading The Byron Bay Chiropractic Centre Pre-Care information sheet.

Please take the time to read the information below to get the most out of your visit at Byron Bay Chiropractic.

Basic housekeeping

- * We do our best to run on time, however each case is assessed and treated differently and sometimes much longer consultations are required. Please be patient with our staff if this is the case. If your schedule is very tight please call us ahead of time and let us know.
- * Please ensure that your mobile phone is switched to off or on silent.
- * If you can't make an appointment that you have booked please ring the clinic as soon possible.
- * **No missed appointment fee will be charged if more than 24 hours notice is given.**
The more notice we get the less of a problem it can cause.
- * Payment is required at the time of consultation. If you are unable to make payment please call us ahead of time to discuss your options. If your case will be an insurance case please call us ahead of time to discuss what steps must be taken before the treatment so that your 3rd party cover will apply.
- * Please keep us up to date with any changes to your address and phone number so we can easily contact you if there is a problem with your appointment time.

Please bring the following to your consultations at Byron Bay Chiropractic Centre

1. Any x-rays or recent medical reports
2. Any treatment notes from previous practitioners
3. Your full medical history. It may be helpful to write this out on a piece of paper ahead of time if it is more complicated than the space provided on our form.
4. Clothing that you are comfortable in and that allows free movement. **Please do not wear jeans.** If your receiving massage with your treatment please wear underwear or bike shorts that your comfortable to change down to.

Steps to get the most out of your visit

1. Have a read of this first page and make sure you agree with and understand all the information.
2. Fill out the Confidential Patient History Form on the next page.
3. Have a read of the consent form on the following page. By law all practitioners whether its Chiropractors, GP's, Surgeons or Massage therapists have to obtain informed consent before any treatment is given. This does not mean that you are signing a waiver for any of your legal rights, its just that you have given us permission to treat your condition with Chiropractic Adjustments and techniques.

Please **do not** sign the informed consent page until you have discussed its content with the chiropractor.

BYRON BAY CHIROPRACTIC CENTRE

PATIENT DETAILS:

Confidential Patient History

Please Print Clearly

Name: D.O.B

Email.....

Address: Phone: H..... W

Occupation:..... Employer:..... Mob.....

Marital Status.....Spouse Name:Children: M.....F.....

Health Fund:..... Workers Comp. or 3rd party Insurance Y/ N.....

Who referred you to this clinic?.....

Previous Chiropractor:.....Your G.P.....

Any Previous X Rays: Present Medication(s):.....

Signature Date

(Applicant or Parent/Guardian)

COMPLAINT HISTORY:

What is Your Present Complaint?

.....
.....
.....

Any other problems ?

How Long Has It Bothered You?

Cause:.....

Is Problem Getting: Worse Better Same

Have You Had This Problem Before? Yes No

If Yes When?

Previous Treatment:

Please describe the pain? E.G. dull, sharp, numbness, tingling, stabbing, shooting, burning?
.....
.....

Medical History

Fractures.....

Surgery.....

Other Hospitalisations.....

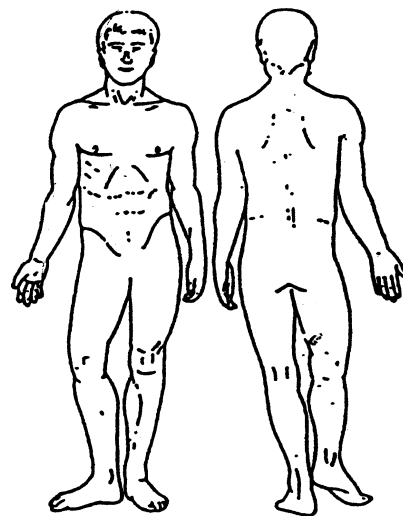
Car Accidents.....

Bad falls/injuries.....

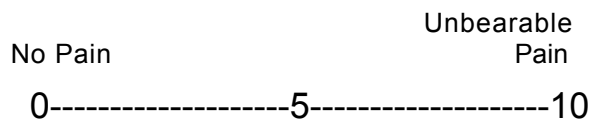
Exercise/ sport.....

Other Medical problems
.....
.....
.....

*Please Mark Problem Areas
On Diagrams Below*



PAIN SCALE



Do you suffer Headaches?
Describe them.

.....
.....

Is there anything else you feel
important for us to know?

.....
.....
.....
.....

INFORMED CONSENT TO CHIROPRACTIC CARE

When performed by a qualified chiropractor, spinal manipulation (adjustment) is an effective and safe method of treatment for many painful and other conditions. There are, however, risks associated with any treatment and we are required to inform you of these regardless of how small the risk may be. Please read the following carefully, and write down any questions you may have.

I hereby request and consent to the performance of chiropractic treatment on me by any registered chiropractor authorised by the Principal of BYRON BAY CHIROPRACTIC CENTRE.

I have had the opportunity to discuss with the chiropractor the nature and purpose of chiropractic treatment.

I understand that the results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some very slight risks to treatment, including but not limited to, muscle and joint soreness, muscle strains, joint sprains, fractures, disc injuries, nerve injuries, stroke and stroke-like episodes.

I do not expect the chiropractor to be able to anticipate and explain all risks and complications. I wish to rely on the chiropractor to exercise judgement during the course of the treatment which the chiropractor feels, based on the facts known at that time, is in my best interests.

I have read the above, and have also had the opportunity to ask questions about its content.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw consent at any time.

Chiropractor's Signature

Patient's Signature

Date

Date