NIRVANA

270 Carlton Street
Winnipeg, Manitoba
R3C 0H5

info@mynirvana.ca
204-777-7546
www.mynirvana.ca

**Dr. Karen Boden D.C.**

**DATE:** _____

MHSC Registration # (6 DIGIT) _____ (9 DIGIT) _____

First Name: _____ Last Name: _____ Birthdate: dd / mm / yyyy

Address: _____Postal Code: _____City: _____Province: _____

Email Address: _____

Home # _____ Work # _____ Cell # _____

How Did You Hear About Us? _____

Occupation: _____ Employer: _____

Do You Have Health Insurance Through Blue Cross? If Yes: Group # _____ Contract # _____

Will you be claiming: Auto Pac (MPI) ◯ Y ◯ N Worker's Compensation ◯ Y ◯ N

If Yes: Injury / Accident Date: _____ Personal Injury Claim # _____

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## HISTORY:

*(Please check applicable answers)*

Women: Are you pregnant? ◯ Y ◯ N

Have you been to a chiropractor before? ◯ Y ◯ N Date of last visit: _____

Name of last chiropractor: _____

What condition brought you to our office? _____

On a scale of 1-10 (10 being severe), how bad is the problem? _____ /10 When did it start? _____

How did it start? _____

Is it: ◯ getting better ◯ getting worse ◯ staying the same

How would you describe the problem? _____

Are you taking medication for this condition? ◯ Y ◯ N If yes, which medication?_____

Please list ALL medication you are currently taking: _____

Please list ALL surgeries you have had: _____

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***Please mark 'X' for present conditions, 'O' for past conditions***

___ Migraine
___ Headache
___ Neck Pain
___ Jaw Pain / TMJ/ RL
___ Numb / Tingling in hand/arm
___ Upper Back Pain
___ Low Back Pain
___ Mid Back Pain
___ Shoulder Pain
___ Hip Pain
___ Foot Pain
___ Numb /Tingling in leg/feet
___ Scoliosis
___ Arthritis
___ Diabetes
___ Swollen / Painful Joints
___ Frequent Colds/Flu
___ Convulsions / Epilepsy
___ Cancer
___ Chest Pain
___ High Blood Pressure
___ Low Blood Pressure

___ Heart Trouble
___ Stroke
___ Depression
___ Irritable
___ Mood Changes
___ Anemia
___ Tremors
___ Allergies
___ Heartburn
___ Impotence
___ Sexual Dysfunction
___ Prostate Problems
___ PMS
___ Menstrual Problems
___ Menopausal Problems
___ Bed Wetting
___ Hepatitis (A, B, C)
___ HIV/AIDS
___ Sinus Problems
___ Eating Disorders
___ Trouble Sleeping
___ ADD/ ADHD

___ Learning Disability
___ Dizziness
___ Ringing in Ears
___ Hearing Loss
___ Fainting
___ Loss of Balance
___ Blurred Vision
___ Ulcers
___ Kidney Trouble
___ Ear Infections
___ Double Vision
___ Asthma
___ Breathing Problems
___ Varicose Veins
___ Liver Trouble
___ Gall Bladder Trouble
___ Digestive Problems
___ Colon Trouble
___ Diarrhea/ Constipation
___ Skin Problems

***Please** fill out the following information on the above most serious conditions:*

Condition 1: _____ On a scale of 1-10 how bad is the problem? _____/10

When did it start? _____ How? _____

Is it: ◯ getting better ◯ getting worse ◯ staying the same

Are you taking medication for this condition? ◯ Y ◯ N

If yes, which medication: _____ Dose: _____

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Condition 2: _____ On a scale of 1-10 how bad is the problem? _____/10

When did it start? _____ How? _____

Is it: ◯ getting better ◯ getting worse ◯ staying the same

Are you taking medication for this condition? ◯ Y ◯ N

If yes, which medication: _____ Dose: _____

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Condition 3: _____ On a scale of 1-10 how bad is the problem? _____/10

When did it start? _____ How? _____

Is it: ◯ getting better ◯ getting worse ◯ staying the same

Are you taking medication for this condition? ◯ Y ◯ N

If yes, which medication: _____ Dose: _____

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# CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

## Informed Consent to Chiropractic Treatment FORM L

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;

b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke. Recent studies suggest that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;

c) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment;

d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

**Dated this_____ day of_____, 20_____.**

**Patient Signature (Legal Guardian)** **Witness of Signature**

**Name:_____** **Name:_____**
**(please print)** **(please print)**