Vitality Clinic

Complete wellness under one roof

Patient Information

Date:

First Name: **Last Name:**

Card Care Number (PHN) **Birthday (MM/DD/YY)** **Age:**

Home Address

City **Postal Code**

Home Telephone **Cell Phone**

Email

Would you like an email reminder for your next appointment? ☐ Yes ☐ No

Please note that we require minimum 48 hours notice for any cancellations or changes or you may incur a penalty. A fee will be charged to your account for all missed appointments. **Signature:**

Occupation **Business/Employer**

Do you have extended health insurance? ☐ Yes ☐ No

Is this treatment going to be part of an ICBC or WCB claim? ☐ Yes ☐ No. If yes, please bring all of your claim information.

May the Doctor and/or Staff contact you at work? ☐ Yes ☐ No **Work Telephone:**

Name of current General Practitioner (MD)

Date of last visit to GP: (MM/DD/YY) **Reason for last visit:**

Are you seeing a Medical Specialist? ☐ Yes ☐ No **Name of Specialist**

Reason for seeking specialist?

Emergency Contact Name: **Number:**

Relation to you:

How did you learn about Vitality Clinic?

Office use only: MSP ☐ Yes ☐ No ☐ CE ☐ W/C

Confidential Health Information

Main health complaint

Other complaints

Have you had previous care from a: ☐ Chiropractor ☐ Massage Therapist ☐ Naturopath?

If yes, name of practitioner: **Date of last visit (in the past two years):**

Have you had any recent X-rays, CT Scans or MRIs? ☐ Yes ☐ No. If yes, when:

Please list any hospitalizations, surgeries or major accidents (including MVA's) you've had and the date.

Please list any Medications or Supplements you are taking and state reasons for taking it.

Overall stress level: ☐ None ☐ Low ☐ Medium ☐ High

Reasons:

How often do you exercise: **Type of exercises:**

Do you currently smoke? ☐ Yes ☐ No. **How many per day:** **How long have you smoked?**

What would you like to gain from today's visit? What are the two most important health goals?

For Women

Are you pregnant ☐ Yes ☐ No ☐ Maybe. If yes, due date?

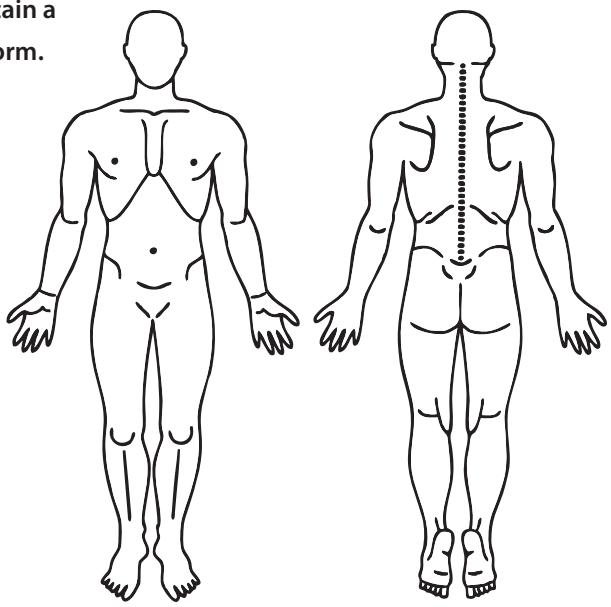
Do you have children? ☐ Yes ☐ No. If yes, by: ☐ natural ☐ caesarean delivery

Menstrual cycle: ☐ regular ☐ irregular ☐ cramps ☐ painful cycle

Date of your last breast exam:

Review of Systems

Pain and discomfort can be traced back to many different origins. To obtain a complete picture of your overall health, please complete the following form. If you are having any difficulty with the following, please check the box:



General
- ☐ Insomnia
- ☐ Fatigue
- ☐ Weight Loss
- ☐ Weight Gain

Head
- ☐ Headache
- ☐ Dizziness
- ☐ Head Trauma
- ☐ Fainting
- ☐ Blacking out

Eyes
- ☐ Itching/redness
- ☐ Change in vision
- ☐ Cataracts
- ☐ Light sensitivity
- ☐ Flashes in vision
- ☐ Spots in vision
- ☐ Glaucoma

Ears
- ☐ Ringing/ tinnitus
- ☐ Impaired Hearing
- ☐ Earache
- ☐ Dizziness
- ☐ Discharge

Mouth and Throat
- ☐ Bleeding gums
- ☐ Cold sores
- ☐ Sore throat
- ☐ Jaw/TMJ problems
- ☐ Hoarseness
- ☐ Swollen glands
- ☐ Goiter

Nose
- ☐ Hayfever
- ☐ Loss of smell
- ☐ Nosebleeds
- ☐ Sinus problems

Lungs
- ☐ Difficulty breathing
- ☐ Shortness of breathing
- ☐ Persistent cough
- ☐ Coughing phlegm
- ☐ Coughing blood
- ☐ Asthma
- ☐ Pneumonia
- ☐ Emphysema
- ☐ Bronchitis
- ☐ Infections

Vascular
- ☐ Angina
- ☐ Murmurs
- ☐ Heart disease
- ☐ Chest pain
- ☐ Palpitations
- ☐ Ankle swelling
- ☐ Cold feet/hands
- ☐ Leg cramps
- ☐ Calf pain
- ☐ Varicose veins
- ☐ Low blood pressure
- ☐ High blood pressure

Gastro-intestinal
- ☐ Bloating/gas
- ☐ Heartburn
- ☐ Ulcers
- ☐ Liver disease
- ☐ Gall bladder disease
- ☐ Vomiting/nausea
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Constipation
- ☐ Blood in stool
- ☐ Hemorrhoids
- ☐ Hernias

Urinary
- ☐ Difficulty urinating
- ☐ Pain urinating
- ☐ Blood in urine
- ☐ Incontinence
- ☐ Bed-wetting
- ☐ Urinary urgency
- ☐ Frequent urination
- ☐ Frequent infections
- ☐ Kidney stones

Neurological
- ☐ Seizures/epilepsy
- ☐ Strokes
- ☐ Tingling sensation
- ☐ Numbness
- ☐ Muscle weakness
- ☐ Difficulty walking
- ☐ Poor coordination
- ☐ Paralysis
- ☐ Speech problems
- ☐ Loss of memory

Muscle & Bone
- ☐ Joint pain
- ☐ Swollen joints
- ☐ Stiffness
- ☐ Muscle ache
- ☐ Foot trouble
- ☐ Arthritis
- ☐ Bone pain
- ☐ Fractures
- ☐ Disclocations

Skin
- ☐ Rash
- ☐ Itching/hives
- ☐ Changes in moles
- ☐ Acne
- ☐ Psoriasis
- ☐ Eczema

Endocrine
- ☐ Diabetes
- ☐ Hypoglycemia
- ☐ Hormone therapy
- ☐ Thyroid problems
- ☐ Heat/cold intolerance
- ☐ Excessive thirst
- ☐ Excessive hunger
- ☐ Excessive sweating
- ☐ Night sweats

Emotional
- ☐ Depression
- ☐ Mood swings
- ☐ Anxiety/nervousness
- ☐ Tension
- ☐ Phobias
- ☐ Alcohol/drug abuse

Conditions
- ☐ AIDS/HIV
- ☐ Eating disorders
- ☐ Heart condition
- ☐ Rheumatic arthritis
- ☐ Rheumatic fever
- ☐ Alcoholism
- ☐ Cancer/tumor
- ☐ Polio
- ☐ Parkinson's
- ☐ Multiple sclerosis
- ☐ Gout
- ☐ Anemia
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ High cholesterol
- ☐ Fibromyalgia
- ☐ Chronic fatigue
- ☐ Hepatitis
- ☐ Migraines

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.

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)

_____ Date: _____ 20____
Signature of patient (or legal guardian)

_____ Date: _____20____
Signature of Chiropractor

Vitality Clinic
Chiropractic & Sports Therapy
www.vitalityclinic.ca | 604.68.SPORT (604.687.7678) | 827 Hamilton St, Vancouver BC V6B 2R7

OSWESTRY LOW BACK DISABILITY INDEX

Please rate the severity of your low back pain by circling a number below:

0	1	2	3	4	5	6	7	8	9	10

No Pain *Unbearable pain*

Name _____ Date ____/____/____

Instructions: Please mark the ONE BOX in each section which most closely describes your problem.

Section 1 - Pain Intensity

- ☐ 1. The pain comes and goes and is very mild.
- ☐ 2. The pain is mild and does not vary much.
- ☐ 3. The pain comes and goes and is moderate.
- ☐ 4. The pain is moderate and does not vary much.
- ☐ 5. The pain comes and goes and is severe.
- ☐ 6. The pain is sever and does not vary much.

Section 2 – Personal Care (Washing Dressing, etc.)

- ☐ 1. I would not have to change my way of washing or dressing in order to avoid pain
- ☐ 2. I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ 3. Washing and dressing increase the pain but I manage not to change my way of doing it.
- ☐ 4. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- ☐ 5. Because of the pain I am unable to do some washing and dressing without help.
- ☐ 6. Because of the pain I am unable to do any washing or dressing without help.

Section 3 – Lifting

- ☐ 1. I can lift heavy weights without extra pain.
- ☐ 2. I can lift heavy weights but it gives extra pain.
- ☐ 3. Pain prevents me lifting heavy weights off the floor.
- ☐ 4. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- ☐ 5. Pain prevents me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned.
- ☐ 6. I can only lift very light weights at the most.

Section 4 – Walking

- ☐ 1. I have no pain on walking.
- ☐ 2. I have some pain on walking but it does not increase with distance.
- ☐ 3. I cannot walk more than one mile without increasing pain.
- ☐ 4. I cannot walk more than ½ mile with increasing pain.
- ☐ 5. I cannot walk more than ¼ mile without increasing pain.
- ☐ 6. I cannot walk at all without increasing pain.

Section 5 – Sitting

- ☐ 1. I can sit in any chair as long as I like.
- ☐ 2. I can sit only in my favourite chair as long as I like.
- ☐ 3. Pain prevents me sitting more than 1 hour.
- ☐ 4. Pain prevents me from sitting more than ½ hours.
- ☐ 5. Pain prevents me from sitting for more than 10 minutes.
- ☐ 6. I avoid sitting because it increases pain immediately.

Section 6 – Standing

- ☐ 1. I can stand as long as I want without pain.
- ☐ 2. I have some pain on standing but it does not increase with time.
- ☐ 3. I cannot stand for longer than one hour without increasing pain.
- ☐ 4. I cannot stand for longer than ½ hour without increasing pain.
- ☐ 5. I cannot stand for longer than 10 minutes without increasing pain.
- ☐ 6. I avoid standing because it increases the pain immediately.

Section 7 – Sleeping

- ☐ 1. I get no pain in bed.
- ☐ 2. I get pain in bed but it does not prevent me from sleeping well.
- ☐ 3. Because of pain my normal nights sleep is reduced by less than ¼
- ☐ 4. Because of pain my normal nights sleep is reduced by less than ½.
- ☐ 5. Because of pain my normal nights sleep is reduced by less than ¾.
- ☐ 6. Pain prevents me from sleeping at all.

Section 8 – Social Life

- ☐ 1. My social life is normal and gives me no pain.
- ☐ 2. My social life is normal but increases the degree of pain.
- ☐ 3. Pain has no significant effect on my social lie apart from limiting my more energetic interests, e.g. dancing, etc.
- ☐ 4. Pain has restricted my social life and I do not go out very often.
- ☐ 5. Pain has restricted my social life to my home.
- ☐ 6. I have hardly any social life because of the pain.

Section 9 – Traveling

- ☐ 1. I get no pain when traveling.
- ☐ 2. I get some pain when traveling but none of my usual forms of travel make it any worse.
- ☐ 3. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- ☐ 4. I get extra pain while traveling which compels me to seek alternative forms of travel.
- ☐ 5. Pain restricts me to short necessary journeys less than 30 minutes.
- ☐ 6. Pain restricts all forms of travel.
- ☐ 7. Pain prevents all forms of travel except that done lying down.

Section 10 – Changing Degree of Pain

- ☐ 1. My pain is rapidly getting better.
- ☐ 2. My pain fluctuates but overall is definitely getting better.
- ☐ 3. My pain seems to be getting better but improvement is slow.
- ☐ 4. My pain is neither getting better nor worse.
- ☐ 5. My pain is gradually worsening.
- ☐ 6. My pain is rapidly worsening

Vitality Clinic
Chiropractic & Sports Therapy
www.vitalityclinic.ca | 604.68.SPORT (604.687.7678) | 827 Hamilton St, Vancouver BC V6B 2R7

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by checking the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just circle the one choice which MOST CLOSELY describes your problem RIGHT NOW.

Name _____ Date _____/_____/_____ Score:_____

Instructions: Please mark the ONE BOX in each section which most closely describes your problem.

Section 1 - Pain Intensity

- ☐ 1. I have no pain at the moment.
- ☐ 2. The pain is very mild at the moment.
- ☐ 3. The pain is moderate at the moment.
- ☐ 4. The pain is fairly severe at the moment.
- ☐ 5. The pain is very severe at the moment.
- ☐ 6. The pain is the worst imaginable at the moment.

Section 2 – Personal Care (Washing Dressing, etc.)

- ☐ 1. I can look after myself normally without causing extra pain.
- ☐ 2. I can look after myself normally, but it causes extra pain.
- ☐ 3. It is painful to look after myself and I am slow and careful.
- ☐ 4. I need some help, but manage most of my personal care.
- ☐ 5. I need help every day in most aspects of self-care.
- ☐ 6. I do not get dressed; I wash with difficulty and stay in bed.

Section 3 – Lifting

- ☐ 1. I can lift heavy weights without extra pain.
- ☐ 2. I can lift heavy weights, but it gives extra pain.
- ☐ 3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- ☐ 4. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ 5. I can lift very light weights.
- ☐ 6. I cannot lift or carry anything at all.

Section 4 - Reading

- ☐ 1. I can read as much as I want to with no pain in my neck.
- ☐ 2. I can read as much as I want to with slight pain in my neck.
- ☐ 3. I can read as much as I want to with moderate pain in my neck.
- ☐ 4. I cannot read as much as I want because of moderate pain in my neck.
- ☐ 5. I cannot read as much as I want because of severe pain in my neck.
- ☐ 6. I cannot read at all.

Section 5 - Headaches

- ☐ 1. I have no headaches at all.
- ☐ 2. I have slight headaches which come infrequently.
- ☐ 3. I have moderate headaches which come infrequently.
- ☐ 4. I have moderate headaches which come frequently.
- ☐ 5. I have severe headaches which come frequently.
- ☐ 6. I have headaches almost all the time.

Section 6 - Concentration

- ☐ 1. I can concentrate fully when I want to with no difficulty.
- ☐ 2. I can concentrate fully when I want to with slight difficulty.
- ☐ 3. I have a fair degree of difficulty in concentrating when I want to.
- ☐ 4. I have a lot of difficulty in concentrating when I want to.
- ☐ 5. I have a great deal of difficulty in concentrating when I want to.
- ☐ 6. I cannot concentrate at all.

Section 7 - Work

- ☐ 1. I can do as much work as I want to.
- ☐ 2. I can only do my usual work, but no more.
- ☐ 3. I can do most of my usual work, but no more.
- ☐ 4. I cannot do my usual work.
- ☐ 5. I can hardly do any work at all.
- ☐ 6. I cannot do any work at all.

Section 8 - Driving

- ☐ 1. I can drive my car without any neck pain.
- ☐ 2. I can drive my car as long as I want with slight pain in my neck.
- ☐ 3. I can drive my car as long as I want with moderate pain in my neck.
- ☐ 4. I cannot drive my car as long as I want because of moderate pain in my neck.
- ☐ 5. I can hardly drive at all because of severe pain in my neck.
- ☐ 6. I cannot drive my car at all.

Section 9 - Sleeping

- ☐ 1. I have no trouble sleeping.
- ☐ 2. My sleep is slightly disturbed (less than 1hr sleepless).
- ☐ 3. My sleep is mildly disturbed (1-2hrs sleepless).
- ☐ 4. My sleep is moderately disturbed (2-3hrs sleepless).
- ☐ 5. My sleep is greatly disturbed (3-5hrs sleepless).
- ☐ 6. My sleep is completely disturbed (5-7hrs sleepless).

Section 10 - Recreation

- ☐ 1. I am able to engage in all of my recreational activities with no neck pain at all.
- ☐ 2. I am able to engage in all of my recreational activities with some pain in my neck.
- ☐ 3. I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- ☐ 4. I am able to engage in a few of my recreational activities because of pain in my neck.
- ☐ 5. I can hardly do any recreational activities because of pain in my neck.
- ☐ 6. I cannot do any recreational activities at all.