

## UPDATED CONTACT INFORMATION

Please fill in your name and other demographic information that may need to be changed or updated in our files.

Today's Date (MM/DD/YYYY)			Patient Number <small>(office use only)</small>		
Your Last Name		Your Social Security Number		Birth Date (MM/DD/YYYY)	
Your First Name		Your Middle Name (or Initial)		Age	
Address			Gender		Race
City			State/Province		ZIP/Postal Code
Home Phone			Cell Phone		Spouse's Name
Email Address			Marital Status		Ethnicity
Emergency Contact			Emergency Contact's Phone		Preferred Language
Your Occupation			Child's Name and Age		Child's Name and Age
Your Employer			Child's Name and Age		Child's Name and Age
Address			May we contact you at work?		Work Phone
City			State/Province		ZIP/Postal Code
Primary Care Provider's Name			Preferred method of contact?		Work Phone
Insurance Carrier			Policy Number		Email
Insured's Last Name		Birth Date (MM/DD/YYYY)		Who carries this policy?	
Insured's First Name		Insured's Middle Name (or Initial)		Self	
Insured's Employer			Spouse		Parent
Address			Employer's Phone		
City			State/Province		ZIP/Postal Code

I certify that any changes to my personal information have been updated above for your records.

Signature \_\_\_\_\_

UPDATED CONTACT INFORMATION

# UPDATED PATIENT HISTORY

Today's Date (MM/DD/YYYY) \_\_\_\_\_

Patient Number  
 (office use only)

Your Last Name \_\_\_\_\_

Your First Name \_\_\_\_\_

Your Middle Name (or Initial) \_\_\_\_\_

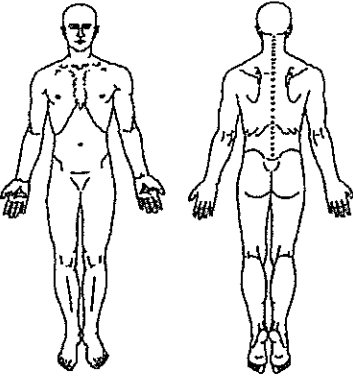
I have new contact information

Please select one:

- Progress evaluation** – I've been under active care and this is a periodic reevaluation.
- New condition** – I've been under care and a new or returning condition has emerged.
- Maintenance patient** – I'm under maintenance care with a new or returning health issue.
- Returning patient** – After a period of inactivity, I've had a relapse or an all-new health issue.

Current symptoms: \_\_\_\_\_

**1. Location** (Where does it hurt?)  
 Circle the area (s) on the illustration.



**2. Quality of symptoms** (What does it feel like?)

- Numbness
- Tingling
- Stiffness
- Dull
- Aching
- Cramps
- Nagging
- Sharp
- Burning
- Shooting
- Throbbing
- Stabbing
- Other \_\_\_\_\_

**3. Intensity** (How extreme are your current symptoms?)



**4. Duration and Timing** (When did it start and how often do you feel it?)

Constant  Come and goes.

When did it start and how often? \_\_\_\_\_

**5. Radiation** (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel.)

\_\_\_\_\_

**6. Aggravating or relieving factors** (What makes it better or worse, such as time of day, movements, certain activities, etc.)

What tends to worsen the problem? \_\_\_\_\_

What tends to lessen the problem? \_\_\_\_\_

**7. Prior interventions** (What have you done to relieve the symptoms?)

- Prescription medication  Surgery  Ice
- Over-the-counter drugs  Acupuncture  Heat
- Homeopathic remedies  Chiropractic  Other \_\_\_\_\_
- Physical therapy  Massage \_\_\_\_\_

**8. What else should Tri-Lakes Chiropractic know about your current condition?** \_\_\_\_\_

**9. Review of systems** (Identify any changes since your most recent evaluation with us):

	Worse	No Change	Improved
a. <b>Musculoskeletal System</b> – Such as osteoporosis, arthritis, neck pain, back problems, poor posture, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <b>Neurological System</b> – Such as anxiety, depression, headache, dizziness, pins and needles, numbness, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <b>Cardiovascular System</b> – Such as high blood pressure, low blood pressure, high cholesterol, angina, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <b>Respiratory System</b> – Such as asthma, apnea, emphysema, hay fever, shortness of breath, pneumonia, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <b>Digestive System</b> – Such as anorexia/bulimia, ulcer, food sensitivities, heartburn, constipation, diarrhea, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <b>Sensory System</b> – Such as blurred vision, ringing in ears, hearing loss, chronic ear infection, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <b>Skin System</b> – Such as skin cancer, psoriasis, eczema, acne, hair loss, rash, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <b>Endocrine System</b> – Such as thyroid issues, immune disorders, hypoglycemia, frequent infection, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <b>Genitourinary System</b> – Such as kidney stones, infertility, bedwetting, prostate issues, PMS symptoms, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <b>Constitutional System</b> – Such as fainting, low libido, poor appetite, fatigue, sudden weight, weakness, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Illnesses, operations, injuries or treatments since your most recent evaluation with us:** \_\_\_\_\_

This updated patient history is for:

- Current Patient  
Periodic Re-evaluation
- Current Patient  
Additional Complaint/  
Exacerbation
- Maintenance Patient (circle one)  
Exacerbation  
Re-Occurrence  
New Episode
- Inactive Patient (circle one)  
Exacerbation  
Re-Occurrence  
New Episode

Consultation Notes

UPDATED PATIENT HISTORY

Doctor's Initials \_\_\_\_\_

PAGE  
1/2

11. Medications (please list all prescription and over-the-counter): \_\_\_\_\_

Patient name \_\_\_\_\_

12. Social History (Tell Tri-Lakes Chiropractic about your health habits and stress levels.)

- Alcohol use  Daily  Weekly How much? \_\_\_\_\_
- Coffee use  Daily  Weekly How much? \_\_\_\_\_
- Tobacco use  Daily  Weekly How much? \_\_\_\_\_
- Exercising  Daily  Weekly How much? \_\_\_\_\_
- Pain relievers  Daily  Weekly How much? \_\_\_\_\_
- Soft drinks  Daily  Weekly How much? \_\_\_\_\_
- Water intake  Daily  Weekly How much? \_\_\_\_\_
- Hobbies: \_\_\_\_\_

- Prayer or meditation?  Yes  No
- Job pressure/stress?  Yes  No
- Financial peace?  Yes  No
- Vaccinated?  Yes  No
- Mercury fillings?  Yes  No
- Recreational drugs?  Yes  No

Patient Number  
(office use only)

13. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)

	No Effect	Mild Effect	Moderate Effect	Severe Effect		No Effect	Mild Effect	Moderate Effect	Severe Effect
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rising out of chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lifting objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reaching overhead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Showering or bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dressing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Love life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting in/out of car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking over shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yard work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consultation Notes

14. Is there anything else Tri-Lakes Chiropractic should know about your current condition, your progress or ways your current condition is affecting your life?

To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.

If the patient is a minor child, print child's full name: \_\_\_\_\_

Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

Doctor's Initials

Tri-Lakes Chiropractic, P.C.  
Perlyn L. Olson D.C.  
Joseph L. Lennon D.C.  
Michael D. Franklin, D.C.

PAGE  
2/2

# KNOWING, VOLUNTARY AND INFORMED CONSENT TO CHIROPRACTIC TREATMENT

---

## CHIROPRACTIC

The doctor of chiropractic is a physician and a member of the healing arts concerned with the health needs of the public. The doctor of chiropractic gives particular attention to the relationship of the structural and neurological aspects of the body in health and disease. The doctor of chiropractic is educated in the basic clinical sciences, as well as in other related health subjects.

I realize that each particular type of health care be it chiropractic, allopathic, or osteopathic carries with it some amount of risk. By consenting to be treated by my doctor of chiropractic I acknowledge and assume this risk, I understand that difference between chiropractic and medicine. I understand that there is a difference between chiropractic treatment and allopathic treatment (medical). I realize that both may be important to my health, but for entirely different reasons. I understand chiropractic physicians seek to restore health through a natural means without drugs or surgery. I understand chiropractic physicians do this by attempting to free the body of any functional or structural abnormalities of the neuromusculoskeletal system and restoring the natural flow of energy to the nervous system.

I understand that part of my chiropractic treatment will involve chiropractic adjustments which are the moving of bones with the doctor's hands or with the use of a machine or artifice. I have been informed and understand that frequently chiropractic adjustments may create a pop or clicking sound in the region of the area being treated.

## ANALYSIS AND DIAGNOSIS

I understand that the doctor of chiropractic is well trained to diagnose, including, but not limited to, spinal analysis: to care for the human body in health disease; and to consult with or refer with other health care professionals. I understand that my chiropractic physician conducts an analysis to determine whether there is evidence of a spinal subluxation. I understand that when such subluxations are found, chiropractic adjustments may be prescribed to restore proper spinal alignment, giving my body its best chance to restore health.

I further understand that due to the intricacies and complexities of nature that my doctor of chiropractic does not promise any specific results.

I understand that my doctor of chiropractic in providing me with a chiropractic diagnosis will conduct a proper and necessary examination and will use proper examination procedures in including the recording of patient and family history, my presenting condition, my subjective symptoms, objective findings and skeletal biomechanical and subluxation evaluation, and when clinically necessary such continuing reports, emotional and psychological evaluation, x-ray evaluation and diagnosis of clinical impression made therefrom.

I fully understand that I should be mindful of my own symptoms and secure a second physician's opinion if I have any concern as to the nature of my illness or injury.

## CHIROPRACTIC ADJUSTMENTS

I understand that in coming to my chiropractic physician, I am giving him/her that permission and authority to adjust me in accordance with his/her analysis and diagnosis. I further understand that the chiropractic adjustment is usually beneficial and seldom causes any problem. However, I am also aware that in rare cases underlying physical defects, deformities or pathology may render me susceptible to injury. I understand that although it is uncommon, in certain cases, illness or injury may result from any treatment rendered by any health care professional.

I fully understand that it is my responsibility to make it known or to learn through medical procedures if I am suffering from latent pathological defects, illness, or deformities which could otherwise not come to the attention of my doctor of chiropractic.

## STROKE

I understand that on a very rare number of occasions chiropractic adjustments may be associated with strokes suffered by patients. I understand that a stroke means that a portion of the brain does not receive enough oxygen from the bloodstream. I further understand that chiropractic adjustments have been associated with strokes that arise from the vertebral artery only; due to the fact the vertebral artery is actually found inside the neck vertebrae. I understand that the adjustment that is related to vertebral artery stroke is called the "extension-rotation-thrust atlas adjustment." I further understand that the amount of strokes associated with

chiropractic adjustments are minute and, in fact, infinitesimal. The most recent studies estimate that an incident of this type of stroke is one per every 3 million (3,000,000,000) upper neck adjustments (*Journal of the CCA, Volume 37, Number 2, June 1993*).

### DISC HERNIATIONS

I understand that in a very, very rare occasion chiropractic adjustments may cause a disc problem if a disc is in a weakened condition at the time of presentment. I understand further that occasionally chiropractic treatment may aggravate disc herniations which create pressure on the spinal nerve or on the spinal cord. However, I further understand that disc herniations are frequently successfully treated by doctors of chiropractic through chiropractic adjustments and traction, etc.

### SORENESS

I understand that it is common for chiropractic adjustments and other forms of chiropractic treatment and therapy could result in a largely temporary increase in soreness in the region being treated. I further understand that I need to report all soreness or pain to my doctor of chiropractic. I understand that my ribs are located only in the thoracic spine or middle back. I understand they extend from my back to my front chest area and I understand that on a very rare occasion a chiropractic adjustment will crack a rib bone, and this is commonly referred to as a fracture. I understand that this usually only occurs on patients who have weakened bones from such things as osteoporosis. I understand that osteoporosis can be noted on x-rays and I further understand that these problems occur so rarely that there are no available statistics present to quantify the probability

### SOFT TISSUE INJURY

I understand that soft tissues primarily refer to muscles and ligaments. I understand that on a very rare occasion a chiropractic adjustment, traction, massage therapy et. may tear some muscle or ligament fibers. I understand that the result is a temporary increase in pain and necessary treatments for evolution but there are no noticeable long term effects for the patient. Again, I understand that I have the responsibility to inform my chiropractic doctor of any increased pain.

### PHYSICAL THERAPY

I understand that my doctor of chiropractic may recommend physical therapy for me. I understand that some of the machines that are used to administer physical therapy generate heat and I also understand that some of the treatments involve ice. I understand that everyone's skin has different sensitivity and that on a very rare occasion heat or ice can burn or irritate that skin. Again, I understand that the result is a temporary increase in skin pain and that there may be some blistering. Again, I understand that it is my duty to inform my doctor of chiropractic of any increased pain or if I notice any blistering.

### OTHER PROBLEMS

I understand the purpose of chiropractic is to promote natural health. I also understand that since there are so many variables, it is difficult to predict a time schedule or efficacy of chiropractic procedures. The success of chiropractic treatment often depends on underlying causes and conditions. Sometimes the response is phenomenal. In most cases, there is a more gradual but a quite satisfactory response. Occasionally, the results are mediocre or not good at all. Two or more similar conditions may respond differently to the same care. In turn, conditions that do not respond to chiropractic care may be treatable through medical science.

I understand that my doctor will give me that best care possible and if the results are not acceptable he will refer me to another health care provider who will assist my situation.

I hereby acknowledge that I have read the above information and understand it.

Witness \_\_\_\_\_

Date \_\_\_\_\_

Patient \_\_\_\_\_

Parent/Guardian \_\_\_\_\_