

WELCOME TO THE PICKERING CHIROPRACTIC



Thank you for choosing our centre for your health care needs. Whether you're here because you are in discomfort or because you want to lead a healthy life-we're glad you're here! We are dedicated to increasing the health potential and enriching the quality of life of individuals and families in our community.

At our centre we provide chiropractic care, massage therapy and naturopathic medicine. These complimentary forms of care come together to help you create the foundation of a healthy life. We look forward to helping you and your family enjoy lifelong wellness!

FREQUENTLY ASKED QUESTIONS

WHAT DO CHIROPRACTOR'S DO?

Chiropractors are trained to ensure your nervous system is free of spinal nerve interferences. They believe in whole body wellness. Wellness is the state of health where your body is free of spinal nerve interference, allowing you to enjoy life. Your chiropractor will discover any spinal nerve interference within your spinal column and with specific chiropractic adjustments, will correct them. Your body will then be free to heal itself and function at optimal level.

Chiropractors teach you how you can live "subluxation-free." This is achieved through adjustments, better posture, diet, attitude, exercise and rest leading to a higher quality of life.

WHAT ARE SUBLUXATIONS?

The body depends on the free flow of nerve communication from the brain, through the spinal column, to every part of the body. When any of these nerves become twisted, the vital communication system is interrupted. These neurological interruptions are called subluxations.

WHAT CAUSES VERTEBRAL SUBLUXATIONS?

With children, subluxations often occur during the birth process. All of the pulling, pushing and twisting on the newborn's neck and spine during the birth process often cause one or more vertebra to be pushed out of place, resulting in subluxations. As we grow up, subluxations are caused daily by falls, sports activities, accidents/injuries, bad posture, physical and emotional stress and many other things. By having a chiropractor correct these subluxations throughout your childhood and the rest of your life, your family can achieve an improved quality of life.

HOW ARE SUBLUXATIONS CORRECTED?

Doctors of chiropractic are specifically trained to detect and correct vertebral subluxations. Your chiropractor will perform specific tests, as well as palpation and possible x-rays, to determine if and where you are subluxated. They will then deliver a specific chiropractic adjustment.





CAN'T I JUST ADJUST MYSELF?

No. A chiropractic adjustment is a specific force, applied in a specific direction, to a specific vertebra, and it is impossible to adjust yourself. When you or a friend crack or pop your back and neck, it will give temporary relief, but you have not actually adjusted the subluxation, and it **COULD BE VERY DANGEROUS.**

DOES IT HURT TO GET ADJUSTED?

No. Chiropractic adjustments feel great. When you allow the vertebra in your spine to return to their normal position, there is less stress and tension on your muscles and ligaments.

Once you get adjusted, do you have to keep getting adjusted forever?

No. However, it would be an advantage to speak with your chiropractor about lifetime wellness care.

Once your symptoms disappear, you might be tempted to quit care. However, it is important to understand just because your symptoms are gone temporarily, does not mean your spinal problems are corrected. The symptoms are often the first things to disappear. Many subluxations have been neglected since early childhood. These long-standing problems usually involve soft tissue damage, muscle weakness and degenerative changes in the spine. In these cases, ongoing corrective care will help your spine reach optimal health.

If you continue chiropractic care it is ultimately up to you. However, periodic chiropractic check-ups will allow your body to fight off sickness and encourage health.

CAN CHIROPRACTIC HELP ME?

Chiropractic care is beneficial to every man, woman, child and animal that has a spine. Understanding that the brain and spinal cord make up your nervous system, one can understand that chiropractic care works by restoring balance to the body giving it a better chance to heal itself.

Everyone needs proper nerve function. Chiropractic care provides your body with a greater potential to defend itself against germs and infection. You and your family should be checked regularly for spinal nerve interference.

"The above "Frequently Asked Questions" are from the book Chiropractic Works, by Timothy J. Feuling. If you wish to read this informative book, it is available through our lending library.



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Pickering Chiropractic Health Centre

Introduction To The Office



WELCOME

We want to extend a warm and personal welcome to you on behalf of all of us at the Pickering Chiropractic Health Centre. We want to provide you with the finest health care and we will offer you many informative and entertaining educational opportunities.

WHY?

Firstly, you'll want to make informed decisions regarding your health. During the course of your care you'll be presented with several choices that will affect your ability to reach your individual health objective.

Secondly, this information will be useful in making decisions about your health for the rest of your life.

To begin this process, here are a few important terms and procedures as you begin your care:

FIRST VISIT

On your first visit we will gather information about you through our examinations and consultations. There will be someone here to assist you in each step of the way. If you're not sure about what we need, just ask. Nothing will be done without your consent and full understanding.

PATIENT EDUCATION

We will be giving you information and clinical data in the form of literature, personal and media presentations. These are designed to help you understand your own case and the procedures you'll experience in this office. Everything is brief and to the point. It is recommended that you read the material and keep it together for reference during the course of your care.

CHIROPRACTIC EDUCATION

Just as we need to know about you, you should know about us. Chiropractic education currently consists of four years of university, followed by another four years of chiropractic education and clinical internship. Then we are required to attend many hours of post-graduate education each year for license renewal. On top of this, our office is frequently involved in various seminars to keep abreast of the latest information.

PAPERWORK AND FORMS

We have minimized paperwork in our office. However, there are clinical forms that must be filled out accurately for health, legal and professional reasons. We ask that you read our forms through before completing it so you understand its intent. If you have questions, please ask.



Health Attitudes

Your attitude about your health is as important to us as the specific reason you've consulting our office. Below are four prevalent health attitudes. Please mark the one that most closely reflects your personal values.



- **Treatment only.** I only consult a doctor when I have an ache or a pain and discontinue care as soon as it has cleared up.
- **Prevention.** In addition to symptomatic treatment, I consult specialists occasionally to prevent problems from recurring.
- **Maintaining Health.** I'm conscious about my health, diet, exercise, etc. and actively pursue these because I feel better, perform better and it maximizes my potential.
- **Family Health.** I take an active part in assisting, informing, and maintaining health, with my family. I'm concerned with the long-term affects of good health

Personal Information

Name _____ Date _____

Address _____

City _____ Postal Code _____

Phone: Res _____ Bus. _____ Cell: _____

E-mail address: _____

Date of Birth (D/M/Y): _____ Age: _____

Referred by: _____

Occupation: _____ Employer: _____

Marital Status S M D W _____ S pouse's Name _____

Spouse's Occupation: _____ # of Children & Ages _____


Have you ever received Chiropractic Care? Yes / No

M.D. Name and Address _____


May we communicate with your M.D. concerning your health? Yes / No





Adult Consultation History


 Your name: _____


 Your Main Complaint: _____

 Any Other Complaints: _____

 How long have you suffered with this problem? _____

 What have you done to get rid of this problem that DID NOT work?

 Have you become discouraged about handling this problem? _____

 When your problem is at its worst, how does it make you feel? _____


 How does this problem interfere with the following areas of your life?


WORK: _____


FAMILY: _____

HOBBIES: _____

LIFE: _____

 Does handling this problem cause stress for you? _____

 What do you do that makes the problem worse?

 How much older does this make you feel: _____

 On a scale of 1 to 10, with 10 being the highest, rate your commitment in helping us solve this problem: _____





What gives you some temporary relief?

What is the pattern of this problem?

Constant **Intermittent** **Occasional** **Cyclic**

What is the effect it has on your body functions?

How did it start?

Are you on any type of medication? Please list all:

Could your problem have been caused by an injury at work? Yes ___ No ___
If yes, please give us the details:

Have you been involved in an auto accident? Yes ___ No ___
Date of Accident: _____
Any difficulties from this? _____

Do you have any children? Yes ___ No ___

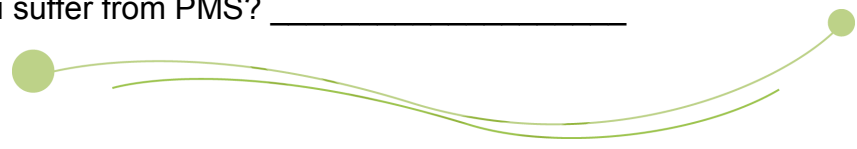
Do they have any health problems that you are aware of?

Is there any other information you would like us to know?

SIGNATURE: _____ DATE: _____

For Women Only

Date of your last menstrual period: _____
Are you using any means of contraception? _____
Do you experience severe cramping with your menstrual period? _____
Do you suffer from PMS? _____



Primary Extended Health Care Insurance:



Name of Insured Member: _____

Insurance Company: _____

Phone: _____ Ext.: _____

File # _____

First Day of Coverage: _____

Policy Number: _____ Policy Start Date: _____

Fiscal Year: (ie, Jan-Dec, or Apr-Mar): _____

Max \$ per Visit: _____ Max Number of Visits: _____

Max \$ Per Year: _____

Secondary Extended Health Care Insurance:

Name of Insured Member: _____

Insurance Company: _____

Phone: _____ Ext.: _____

File # _____

First Day of Coverage: _____

Policy Number: _____ Policy Start Date: _____

Fiscal Year: (ie, Jan-Dec, or Apr-Mar): _____

Max \$ per Visit: _____ Max Number of Visits: _____

Max \$ Per Year: _____

So that we can help you understand and use your benefits, please complete this form and bring it with you on your first visit.

Our purpose at the Pickering Chiropractic Health Centre is to support and Empower you in achieving your optimum health.



Chiropractors locate, analyze and correct subluxations (spinal misalignments, which cause nerve interference). Chiropractic improves the nerve supply of your body to restore, maintain and promote health. Chiropractic treatment, including spinal adjustments, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective for many neck and back conditions involving pain, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well-being. The risk of injuries or complications from chiropractic treatment is substantially lower than many medical or other treatments, medications and procedures given for the same symptoms.

Informed Consent to Chiropractic Treatment and Payment

Doctors of chiropractic are required to advise patients that there are or may be some remote risks associated with such treatment. In particular you should note: while rare, some patients may experience a short term aggravation of symptoms, rib fracture, muscle and ligament strains or sprains, strokes and disc injuries.

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic treatment offered or recommended to me by my chiropractor, including, spinal adjustments. I intend this consent to apply to all my present and future chiropractic care.

I understand that it is fully my responsibility to pay Pickering Chiropractic for my care at the time of treatment and to confirm with my insurance provider (if applicable) as to coverage for chiropractic care, x-rays, acupuncture and orthotics. *(Appropriate receipts will be provided for me to submit, however, Pickering Chiropractic is not responsible if I am denied coverage.)*

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Witness of Signature

Patient Name (Please Print)

Witness Name (Please Print)

Female Patients – Please Complete

All women of childbearing age must sign this release. *“This is to certify that to the best of my knowledge I am not pregnant and that the Pickering Chiropractic Health Centre has my permission to take x-rays, if required. I will assume all responsibility should I be pregnant.”*

First day of last menstrual cycle: _____
Date Patient’s Signature

Dr. S. Peterkin D.C. - Dr. J. Boylan BSc., D.C. - Dr. M Frazier D.C.- Dr. S. Lester BKin(Hons)., MSc., D.C.