



# Dr. Steven J. Weller

Enhancing the Expression of the Human Spirit

## CONFIDENTIAL VALIATE INFORMATION

(from latin to be strong, have power, be well)

FILE # \_\_\_\_\_

NAME..... PHONE..... CELL.....

ADDRESS..... **EMAIL ADDRESS** .....

POSTAL CODE..... DATE OF BIRTH (mm/dd/yyyy)...../...../..... MARITAL STATUS.....

NO. OF CHILDREN..... CARE CARD NUMBER.....

HAVE YOU CONSULTATED A CHIROPRACTOR BEFORE?..... IF YES, WHO?.....

WHO MAY WE THANK FOR REFERRING YOU?.....

ARE YOU CONSULTING THIS OFFICE FOR **WELLNESS CARE** OR A **SPECIFIC COMPLAINT**?.....

WHAT HAS YOUR SPINAL/HEALTH PROBLEM PREVENTED YOU FROM DOING?.....

HOBBIES/LEISURE ACTIVITIES.....

WHAT ARE YOUR LONG-TERM HEALTH GOALS? .....

OCCUPATION..... EMPLOYER.....

EMPLOYER'S ADDRESS..... PHONE.....

MEDICAL DOCTOR..... PHONE.....

LIST OF (HELPFUL?) MEDICATIONS.....

IS THIS ICBC?..... WCB?..... DATE OF ACCIDENT.....

CLAIM NUMBER..... CLAIM CENTRE.....

ADJUSTER'S NAME..... PHONE.....

I HAVE READ THIS AND UNDERSTAND THAT I AM WHOLLY AND PERSONALLY RESPONSIBLE FOR TOTAL CHARGES (EG. X-RAYS, PRIVATE FEES) WHETHER OR NOT COVERED BY MSP, W.C.B. OR I.C.B.C. OR EXTENDED HEALTH PLANS AND AS SUCH HEREBY AUTHORIZE ANY SUCH BALANCES TO BE CHARGED TO MY CREDIT CARD ACCOUNT. I ALSO UNDERSTAND THAT MEDICAL SERVICES PLAN (MSP) OF BRITISH COLUMBIA MAY PARTIALLY SUBSIDIZE THE COST OF MY CHIROPRACTIC CARE FOR TEN (10) VISITS PER CALENDAR YEAR (JAN 01-DEC 31) AND IF SO, MSP WILL REIMBURSE ME DIRECTLY.

VISA/MASTERCARD NUMBER..... EXP.....

SIGNED..... DATE.....

GUARDIAN.....

## INFORMED CONSENT TO CHIROPRACTIC TREATMENT

Doctors of chiropractic, medical doctors, and physiotherapists who use manual therapy techniques such as spinal adjustments are required to advise patients that there are or may be some risks associated with such treatment. In particular you should note:

- a) While rare, some patients have experienced rib fractures or muscle and ligament sprains or strains following spinal adjustments;
- b) There have been reported cases of injury to a vertebral artery following cervical spinal adjustments. Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment, and may on rare occasion result in serious injury. The possibility of such injuries resulting from cervical spinal adjustment is extremely remote;
- c) There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be highly effective treatment for spinal pain, 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 that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

Name: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Verification of Signature

Name: \_\_\_\_\_  
(please print)