

VALLIANT CHIROPRACTIC CENTRE

Welcome to our office!

When a person seeks the services of a chiropractor, it is essential that they fully understand the objectives of that particular chiropractor.

We have one goal at the Valliant Chiropractic Centre --- **that is to restore and maintain the integrity of the spinal cord and its nerve roots.** These vital nerve pathways are located in and protected by the bones of the spine. Misalignments of the vertebrae (bones of the spine), which interfere with the function of these nerve pathways, are called **vertebral subluxations.** Subluxations are caused by many things you do **everyday** and keep your **whole** body from functioning properly. It is our absolute conviction that the **body is always better off without nerve interference.**

Consequently, the objective of this office is to provide a chiropractic adjustment to correct subluxation thereby restoring normal nerve function. It is not the objective, nor our intention to fix, treat or attempt to cure any physical, mental, or emotional ailments or to give advice about any ailments. **With a proper nerve supply your whole body is better able to reach its full potential and to express more life.**

The information we receive from you is important. We ask only that which is necessary for your care. Please fill out these forms completely and to the best of your ability. If you have any questions or if there is any information you feel we should know regarding your health concerns, please mention it to the chiropractor.

Our responsibilities:

1. Provide quality care to all patients.
 2. Create a program of care that meets your individual needs.
 3. Run the office on schedule.
 4. Answer any of your questions and address your concerns.
- Empower patients to take charge of their health.

Your responsibilities:

1. Keep your appointments.
 2. Give 24 hours notice of an appointment change.
 3. Rebook an appointment as soon as possible, if you have to cancel.
- Be on time as much as possible.

I, _____ have read the above, understand it fully, and choose to receive chiropractic for myself.

Date: _____

Valliant Chiropractic Centre 



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VALLIANT CHIROPRACTIC CENTRE
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INFORMED CONSENT: PLEASE READ CAREFULLY

PATIENT #: _____

The practice of chiropractic is based on the immutable scientific truth that human beings are self-regulating, self-healing organisms and that these life sustaining innate abilities are coordinated by the central nervous system. Chiropractic recognizes the fact that vertebral subluxations interfere with the ability of the central nervous systems to regulate and heal the body and thus compromise normal physiology and therefore global health and quality of life. While these physiological effects may manifest in diverse health phenomena, the primary focus of chiropractic is on the assessment, detection and correction of vertebral subluxations.

In all health-care interactions, one must analyze the benefit of the proposed model of care and any risks associated with it. It has been **proposed** by some that there is an inherent risk of damage to the vertebral artery resulting in stroke for those receiving chiropractic care, specifically cervical adjustments. There have been many estimates of what this risk might be, with sources citing the chance of experiencing a stroke in association with a chiropractic adjustment at between 1 in 1 million and 1 in 5.6 million. Although these risk estimates have been cited, analysis of valid scientific data reveals that there is **not** a single scientific study that has ever shown a chiropractic adjustment as the **cause** of a stroke.

Furthermore, the only study in history that ever looked at the effects of a chiropractic cervical adjustment on the vertebral artery (Symons et al. JMPT 2002;25:504-10) indicated that rotary movement of the neck representing the most forceful chiropractic techniques could only take the vertebral artery to 6.2% of its resting length, and that to damage it would take a stretch equal to 162% of its resting length. The authors concluded that their data showed that it was not possible to injure the vertebral artery by cervical adjusting.

From an epidemiological standpoint, when Event A is followed by Event B, there is definitely a **temporal relationship** between them, but not necessarily one which is causative. As world renowned epidemiologist Dr. David Sackett has testified, the relationship between adjustment and stroke is so weak and so rare and the scientific data so lacking that it is impossible to validly estimate if there is any risk of stroke associated with chiropractic adjustment.

According to Dr. Scott Haldeman D.C. M.D. PhD. Neurologist who is considered the world's leading authority on the subject, it would be more scientifically accurate, to state that "Based on the scientific literature, the risk of stroke should be considered a rare, random and unpredictable complication associated with cervical adjusting" (SPINE 2002;27:49-55). To put things in perspective, Dr. Haldeman further points out in his paper that there are more strokes associated with mundane **activities of daily living** such as towel drying your hair and kneeling to pray than with chiropractic.

We recognize that strokes and other unfortunate incidents are a fact of life. We also recognize that these incidents are often unforeseen and can happen to anyone unexpectedly. As no valid scientific research has ever established a causative link between chiropractic adjustments and stroke, it must be concluded that the risk of such an event is not more likely to happen to a patient under chiropractic care, and as such, cannot be scientifically considered an inherent risk of care.

If you have any questions, please ask Dr. Valliant

"I HAVE READ THE ABOVE AND CONSENT TO CARE AT VALLIANT CHIROPRACTIC CENTRE."

NAME: _____ **(PARENT/GUARDIAN):** _____

DATE: _____ **WITNESS:** _____

HEALTH LIFESTYLE

Date _____

Do you exercise? Yes No How often? 1X 2X 3X 4X 5X per week, other: _____

What activities? Running, Jogging, Weight Training, Cycling, Yoga, Pilates, Swimming _____

Do you smoke? Yes No How much? _____

Do you drink alcohol? Yes No How much/week? _____

Do you drink coffee? Yes No How many cups/day? _____

Do you take supplements (ie. Vitamins, minerals, herbs)? _____

HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called Subluxations. It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse effects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a hunched forward posture starting in the neck and progressively moving down your spine weakening the entire body).

*Please check any health condition you may be experiencing now or in the past:

CERVICAL SPINE (NECK):

Postural distortions from subluxations (causing Forward Head Syndrome) in your neck will weaken the nerves into your arms, hands and head affecting these parts of your body. Do you experience...?

- | | | |
|-----------------------------------|-----------------------|-----------------------|
| ◇ Neck Pain | ◇ Headaches | ◇ Sinusitis |
| ◇ Pain into shoulders/arms/hands | ◇ Dizziness | ◇ Allergies/hay fever |
| ◇ Numbness/tingling in arms/hands | ◇ Visual disturbances | ◇ Recurrent colds/flu |
| ◇ Hearing disturbances | ◇ Coldness in hands | ◇ Low Energy/Fatigue |
| ◇ Weakness in grip | ◇ Thyroid conditions | ◇ TMJ/Pain/Clicking |

Explain: _____

THORACIC SPINE (UPPER BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience...?

- | | |
|------------------------|--|
| ◇ Heart Palpitations | ◇ Recurrent Lung Infections/Bronchitis |
| ◇ Heart Murmurs | ◇ Asthma/Wheezing |
| ◇ Tachycardia | ◇ Shortness of Breath |
| ◇ Heart Attacks/Angina | ◇ Pain on deep Inspiration/Expiration |

THORACIC SPINE (MID BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the mid back will weaken the nerves into your ribs/chest and upper digestive tract and affect these parts of your body. Do you experience...?

- | | |
|-----------------------------|---|
| ◇ Mid back Pain | ◇ Nausea |
| ◇ Pain into your Ribs/Chest | ◇ Ulcers/Gastritis |
| ◇ Indigestion/Heartburn | ◇ Hypoglycemia |
| ◇ Reflux | ◇ Tired/Irritable after eating or when you haven't eaten in a while |

LUMBAR SPINE (LOW BACK):

Postural distortions from subluxations in the low back (resulting from Forward Head Syndrome) will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience...?

- | | | |
|----------------------------------|---|-----------------|
| ◇ Pain into your hips/legs/feet | ◇ Weakness/injuries in hips/knees/ankles | ◇ Low back pain |
| ◇ Numbness/tingling in legs/feet | ◇ Recurrent bladder infections | |
| ◇ Coldness in legs/feet | ◇ Frequent/difficulty urinating | |
| ◇ Muscle cramps in legs/feet | ◇ Menstrual irregularities/cramping (females) | |
| ◇ Constipation / Diarrhea | ◇ Sexual dysfunction | |

Please list any health conditions not mentioned: _____

Please list any medications currently taking and their purpose: _____

Please list all past surgeries: _____

Please list all previous accidents and falls: _____

ENTRY INFORMATION: VALLIANT CHIROPRACTIC CENTRE North Bay 705-476-1122

Name: _____ (Age) _____ Date _____ File# _____

Address _____ Home Phone/Cell _____ Work _____

City _____ Province _____ Postal Code _____

Date of Birth: M/D/Year: ___/___/___ Gender: F M Marital Status: S M D W Other _____

E-Mail: _____

Occupation: _____ Employer Name: _____

How were you referred to this office? _____

PURPOSE OF THIS VISIT:

Reason for this visit / Main complaint: _____

Is this purpose related to an auto accident / work injury? Yes ___ No ___ Of so, when? _____

When did this condition begin? _____ Did it begin: Gradual ___ Sudden ___ Progressive over time _____

What activities aggravate your symptoms? _____

Is there anything which has relieved your symptoms? Yes ___ No ___ Describe: _____

Type of Pain: Sharp Dull Ache Burn Throb Spasm Numb Tingling Shooting Other _____

Does the Pain Radiate into your: ___ Arm ___ Leg. Does not Radiate ___. Is this condition getting worse? ___ Yes ___ No

How often do you experience these symptoms throughout the day? 100% 75% 50% 25% 10% Only with activity _____

Does condition interfere with: ___ Work ___ Sleep ___ Hobbies ___ Daily Routine? Explain: _____

Who have you seen for this? _____ What did they do? _____

How did you respond? _____

Are you concerned about any other issues, health or otherwise? _____

EXPERIENCE WITH CHIROPRACTIC:

Have you seen a Chiropractor before? ___ Yes ___ No, Who? _____ When? _____

Reason for visits: _____

How did you respond? _____

Have you had X-rays taken within the last year? ___ Yes ___ No, Where? _____

Have you been told you have any concerns related to your posture? _____

Have you seen your Medical Dr. for any reason in the last year? ___ Yes ___ No, if yes, why? _____

Name of your Medical Doctor? _____

Please check what health objective you hope to achieve with Chiropractic Care?

___ Elimination of Pain & Discomfort

___ Correction of the cause of the problem

___ Restoration of Health and eventual maintenance of your body performance with regards to normal body function

Thank you for choosing Valliant Chiropractic Centre