

Richview Physiotherapy & Rehabilitation Centre
Richview Square, 250 Wincott Drive, Unit 45
(TD Canada Trust Plaza) - Etobicoke, Ontario M9R-2R5
Tel/Fax: (416) 242-7070

Chiropractic Intake Form
Dr. Mark Verratti, BSc (Hons.), DC, FCCPDR (C)

Date: _____

Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Home Tel #: _____ Cell Tel #: _____

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

Marital Status: _____ Spouse's Name: _____ Children: _____

Emergency contact Person and telephone #: _____

Provincial Health Card # and code: _____

Extended Health Care company: _____ Policy#: _____

Occupation: _____ Employer: _____

Address: _____

City, Province: _____

Physician information:

Name: _____ Tel #: _____

Address: _____

Date of last appointment: _____ Date of last physical: _____

Prior Chiropractic Care:

Name: _____ Tel#: _____

How did you hear about us: _____

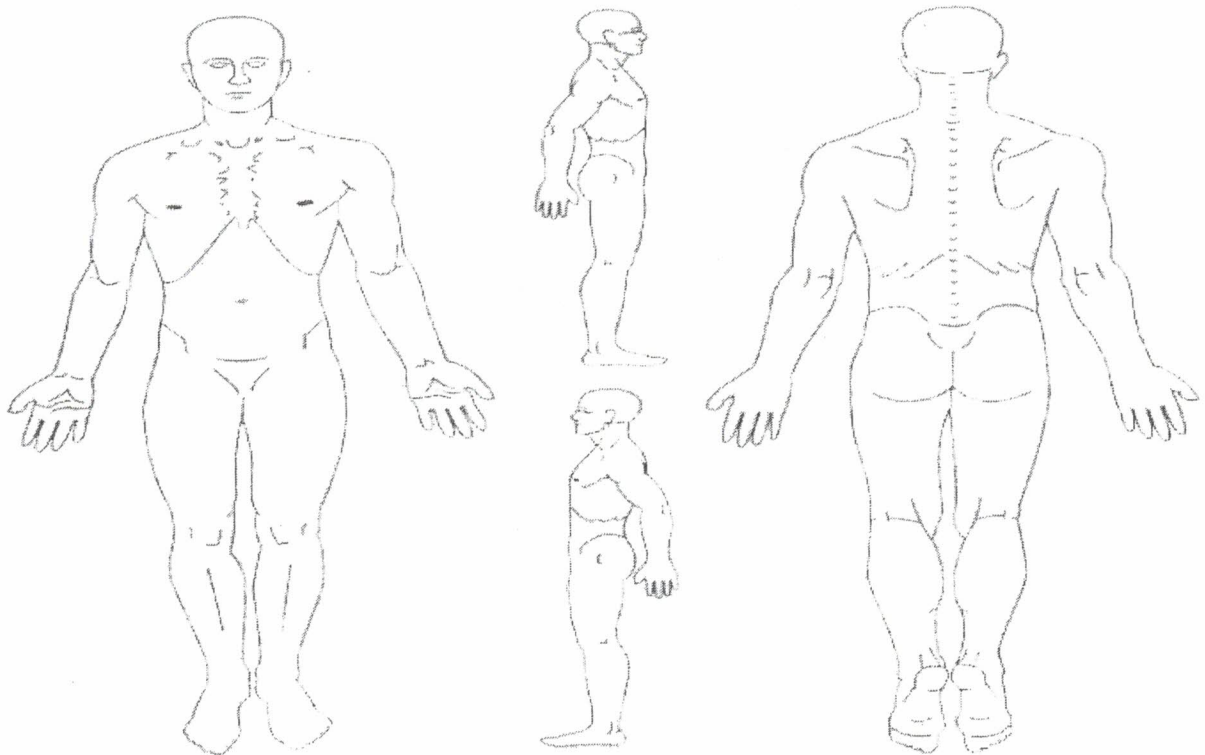
Richview Physiotherapy and Rehabilitation Centre Inc.
Dr. Mark Verratti, BSc (Hons.), DC, FCCP(R) (C) Chiropractor and Rehabilitation Specialist.
250 Wincott Drive; Toronto ON M9R 4C8; T/F: 416-242-7070

Please explain the reason for consulting with our office: _____

Goals and expectations: _____

Please describe where you are experiencing symptoms using the following letters on the body diagram

N=Numbness B=Burning S=Sharp T=Tingling D=Dull ache P=Pins and needles



Average pain intensity:

At rest: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

Past week: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

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REVIEW OF SYSTEMS CHECKLIST AND PAST MEDICAL HISTORY (Please CIRCLE the conditions/symptoms that apply to you).

NEUROLOGICAL:

Stroke; seizures; aneurysm; tumors; traumatic brain injury; parkinson's disease; alzheimer's disease; severe headaches, transient ischemic attacks; numbness and tingling; dizziness; vertigo; other _____

CARDIOVASCULAR/HEMATOLOGICAL:

Poor circulation; hypertension; cardiomyopathy; heart attacks; coronary artery disease; atherosclerosis; chest pain; shortness of breath; irregular heart rate; swelling of legs; blood clots; pace-maker; aortic aneurysm; varicose veins; Hemophillia; easily bruising; fever; other _____

RESPIRATORY:

Asthma; emphysema; COPD (chronic obstructive lung disease); lung cancer; shortness of breath; cough; chest pain; colds and flus; tuberculosis; smoker; cystic fibrosis; other _____

ENDOCRINE:

Diabetes mellitus; hyperthyroidism; hypothyroidism; fatigue; loss of weight; hair loss; menopausal; pancreatitis; Other _____

GENITOURINARY:

Gall bladder issues; constipation, diarrhea, irritable bowel syndrome, colitis, crohn's disease; cirrhosis of the liver; jaundice, bloody stools; nausea; vomiting, loss of appetite; ulcers; uncontrolled bowel and bladder control; nocturia; prostate issues; Cancers; other: _____

MUSCULOSKELETAL:

Neck pain; back pain; joint stiffness; gout; osteoporosis; fractures; rheumatoid arthritis; inflammatory arthritis, degenerative arthritis, ligament tears, muscle sprains; muscle tears; joint replacements; disc herniations; sciatica; carpal tunnel syndrome; nerve entrapment; neuropathy; other _____

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EAR, NOSE, THROAT:
Cancer; difficulty swallowing; double vision; blurry vision; cataracts; glaucoma; sinus infections; hearing loss; hoarseness;
difficulty speaking; other _____

MENTAL HEALTH:
Depression; anxiety; sad; mood disorders; stress; poor concentration; poor attention; learning disabilities;
other _____

IMMUNOLOGY:
Allergies; HIV/AIDS; infectious diseases; other _____

Please list all medications: _____

Please list all hospitalizations; surgeries; specialist consultations:

Any other comments _____

Patient name: _____
Patient Signature: _____
Date: _____



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CONSENT FOR INITIAL ASSESSMENT

I consent to allow Dr. Mark Verratti to perform a standard initial assessment that includes an interview discussing; the history and nature of the injuries, relevant activities of daily living, work history; past medical history and treatment; along with a physical examination that involves mobility testing, orthopedic testing, neurological examination and manual palpation. This may elicit discomfort and/or reproduction of pain symptoms. This information will help to determine a diagnosis and a plan of management for your condition; and is not to elicit harm. My signature indicates that I agree to proceed with an initial assessment process and understand the contents of this consent form.

Name: _____

Signature: _____

Date: _____

Witness: _____

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)

Signature of patient (or legal guardian)

Signature of Chiropractor

Date: _____ 20____

Date: _____ 20____