

PATIENT APPLICATION

Welcome to our office!

At Focus Chiropractic, we are passionate about assisting our patients and their families to achieve their highest level of health through advanced spinal corrective programs and lifestyle improvements. Our practice is unique and utilizes the 5 Essentials protocol to maximized health, which allows our patients to achieve superior results in life.

Patients from around the world call us their healthcare team. We take your health very seriously. We are a local office with a global reach.

Please fill out the following information **as thoroughly as possible** so our Doctors can let you know if yours is a case we can accept. If you have any questions or need assistance, feel free to ask our team. We look forward to serving you.

Patient Name *(please print)*

Patient Signature

Today's Date

Office Use Only

Referral _____

Walk In

MPI/WCB: Claim # _____

Date of Accident: _____

6 View

DOB _____

Cervical

ID _____

Thoracic

Lumbar

Assignment _____

DR _____

Other

PATIENT APPLICATION SURVEY

Name _____ Gender M F Age _____
Home Address _____ Home Phone _____
City, Province, Postal Code _____ Work Phone _____
Email Address _____ Cell Phone _____
Birth Date (MM/DD/YY) _____ / _____ / _____ Manitoba Health (6 digit) _____
Marital Status S M D W Manitoba Health (9 digit) _____
Occupation _____ Employer Name _____
Spouse's Name _____ Cell Phone _____
Names of Children _____
Whom may we thank for referring you to our office? _____

PURPOSE OF THIS VISIT

Reason for this appointment – Main Complaint: _____

What was the cause? _____

Rate your pain on a scale of **1 to 10** with **zero** being no pain and **10** being the worst pain

0 1 2 3 4 5 6 7 8 9 10

When did this condition begin? _____ Did it begin: Gradually Suddenly Progressed over time

What activities aggravate your symptoms? _____

Are your symptoms worse in the: AM PM

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

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

Does the Pain Radiate into your: Arm Leg No 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

Have you experienced this condition before? Yes No If so, please explain: _____

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

How did you respond? _____

EXPERIENCE WITH CHIROPRACTIC

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

Reason for visits: _____

How did you respond? _____

Did your previous chiropractor take before and after x-rays? Yes No

Did you know posture determines your health? Yes No

Are you aware of any of your poor posture habits? Yes No ; Explain _____

Are you aware of any poor posture habits in your spouse or children? Yes No ; Explain _____

The most common postural weakness is Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse effects on your overall health. Have you ever been told or felt like you carry your head forward, noticed a rounding of your shoulders or a developing "hump" at the base of your neck? Yes No

HEALTH LIFESTYLE

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; other: _____

Do you smoke? Yes No How much? _____

Any recreational drug use? Yes No How much? _____

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

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

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

HEALTH CONDITIONS

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: _____

Does anyone in your family suffer with the same condition(s)/complaint(s)? Yes No, if yes, whom: _____

Which conditions? _____

Any other hereditary conditions the doctor should be aware of: _____

When a person seeks chiropractic and rehabilitation health care and is accepted for such care, it is essential for both parties to be working towards the same objective. As a Chiropractic and Rehab facility we have on main goal to detect and correct/reduce the vertebral subluxation complex. It is important that each person understand both the objective and the method that will be used to attain this goal. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of the disease or infirmity.

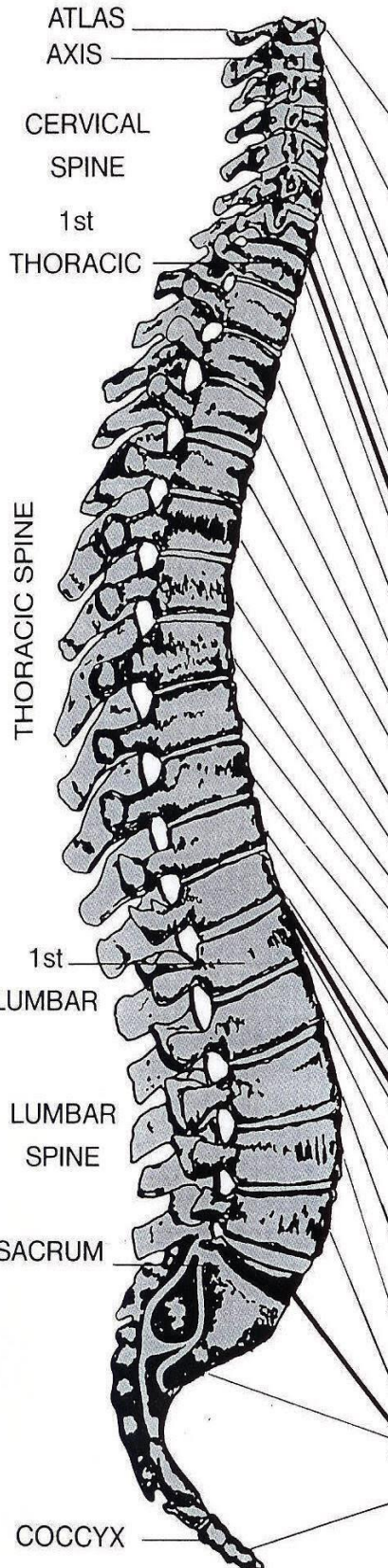
Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

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 (sub-lux-a-shuns). 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).

SYMPTOMS OF SPINAL MISALIGNMENT QUESTIONNAIRE

"The nervous system controls and coordinates all organs and structures of the human body." (Gray's Anatomy, 29th Ed., page 4). Misalignments of spinal vertebrae and discs may cause irritation to the nerves which could affect the areas listed. Please help us help you by placing a check mark in the appropriate box under the "Possible Effects" column to indicate your symptoms.

Please check (below) any health conditions you may be experiencing, now or in the past ↓

		Vertebrae	Areas Controlled by Nerves*	Possible Effects of a Malfunction		
ATLAS AXIS		1C	Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system.	<input type="checkbox"/> headaches, <input type="checkbox"/> nervousness, <input type="checkbox"/> insomnia, <input type="checkbox"/> head colds, <input type="checkbox"/> high blood pressure, <input type="checkbox"/> migraine headaches, <input type="checkbox"/> nervous breakdowns, <input type="checkbox"/> amnesia, <input type="checkbox"/> chronic tiredness, <input type="checkbox"/> dizziness.		
		2C	Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead.	<input type="checkbox"/> sinus trouble, <input type="checkbox"/> allergies, <input type="checkbox"/> pain around the eyes, <input type="checkbox"/> earache, <input type="checkbox"/> fainting spells, <input type="checkbox"/> certain cases of blindness, <input type="checkbox"/> crossed eyes, <input type="checkbox"/> deafness.		
CERVICAL SPINE 1st THORACIC		3C	Cheeks, outer ear, face bones, teeth, tri-facial nerve.	<input type="checkbox"/> neuralgia, <input type="checkbox"/> neuritis, <input type="checkbox"/> acne or pimples, <input type="checkbox"/> eczema.		
		4C	Nose, lips, mouth, eustachian tube.			
		5C	Vocal cords, neck glands, pharynx.	<input type="checkbox"/> hay fever, <input type="checkbox"/> runny nose, <input type="checkbox"/> hearing loss, <input type="checkbox"/> adenoids.		
		6C	Neck muscles, shoulders, tonsils.	<input type="checkbox"/> laryngitis, <input type="checkbox"/> hoarseness, <input type="checkbox"/> throat conditions such as sore throat or quinsy.		
		7C	Thyroid gland, bursae in the shoulders, elbows.	<input type="checkbox"/> stiff neck, <input type="checkbox"/> pain in upper arm, <input type="checkbox"/> tonsillitis, <input type="checkbox"/> chronic cough, <input type="checkbox"/> croup.		
		THORACIC SPINE		1T	Arms from the elbows down, including hands, wrists, and fingers; esophagus and trachea.	<input type="checkbox"/> bursitis, <input type="checkbox"/> colds, <input type="checkbox"/> thyroid conditions.
				2T	Heart, including its valves and covering; coronary arteries.	<input type="checkbox"/> asthma, <input type="checkbox"/> cough, <input type="checkbox"/> difficult breathing or shortness of breath, <input type="checkbox"/> pain in lower arms and hands.
THORACIC SPINE		3T	Lungs, bronchial tubes, pleura, chest, breast.	<input type="checkbox"/> functional heart conditions and certain chest conditions.		
		4T	Gall bladder, common duct.	<input type="checkbox"/> bronchitis, <input type="checkbox"/> pleurisy, <input type="checkbox"/> pneumonia, <input type="checkbox"/> congestion, <input type="checkbox"/> influenza.		
		5T	Liver, solar plexus, circulation (general).	<input type="checkbox"/> gall bladder conditions, <input type="checkbox"/> jaundice, <input type="checkbox"/> shingles.		
		6T	Stomach.	<input type="checkbox"/> liver conditions, <input type="checkbox"/> fevers, <input type="checkbox"/> blood pressure problems, <input type="checkbox"/> poor circulation, <input type="checkbox"/> arthritis.		
		7T	Pancreas, duodenum.	<input type="checkbox"/> stomach troubles or nervous stomach, <input type="checkbox"/> indigestion, <input type="checkbox"/> heartburn, <input type="checkbox"/> dyspepsia.		
		8T	Spleen.	<input type="checkbox"/> ulcers, <input type="checkbox"/> gastritis.		
		9T	Adrenal and supra-renal glands.	<input type="checkbox"/> lowered resistance.		
		10T	Kidneys.	<input type="checkbox"/> allergies, <input type="checkbox"/> hives.		
		11T	Kidneys, ureters.	<input type="checkbox"/> kidney troubles, <input type="checkbox"/> hardening of the arteries, <input type="checkbox"/> chronic tiredness, <input type="checkbox"/> nephritis, <input type="checkbox"/> pyelitis.		
		12T	Small intestines, lymph circulation.	<input type="checkbox"/> skin conditions such as acne, <input type="checkbox"/> pimples, <input type="checkbox"/> eczema, <input type="checkbox"/> or boils.		
LUMBAR SPINE		1L	Large intestines, inguinal rings.	<input type="checkbox"/> rheumatism, <input type="checkbox"/> gas pains, <input type="checkbox"/> certain types of sterility.		
		2L	Appendix, abdomen, upper leg.	<input type="checkbox"/> constipation, <input type="checkbox"/> colitis, <input type="checkbox"/> dysentery, <input type="checkbox"/> diarrhea, <input type="checkbox"/> some ruptures or hernias.		
		3L	Sex organs, uterus, bladder, knees.	<input type="checkbox"/> cramps, <input type="checkbox"/> difficult breathing, <input type="checkbox"/> minor varicose veins.		
		4L	Prostate gland, muscles of the lower back, sciatic nerve.	<input type="checkbox"/> bladder troubles, <input type="checkbox"/> menstrual troubles such as painful or irregular periods, <input type="checkbox"/> miscarriages, <input type="checkbox"/> bed wetting, <input type="checkbox"/> impotency, <input type="checkbox"/> change of life symptoms, <input type="checkbox"/> many knee pains.		
		5L	Lower legs, ankles, feet.	<input type="checkbox"/> sciatica, <input type="checkbox"/> lumbago, <input type="checkbox"/> difficult, painful, or too frequent urination, <input type="checkbox"/> backaches.		
LUMBAR SPINE		SACRUM	Hip bones, buttocks.	<input type="checkbox"/> poor circulation in the legs, <input type="checkbox"/> swollen ankles, weak ankles and arches, <input type="checkbox"/> cold feet, <input type="checkbox"/> weakness in the legs, <input type="checkbox"/> leg cramps.		
		COCCYX	Rectum, anus.	<input type="checkbox"/> sacro-iliac conditions, <input type="checkbox"/> spinal curvatures.		
SACRUM COCCYX				<input type="checkbox"/> hemorrhoids (piles), <input type="checkbox"/> pruritis (itching), <input type="checkbox"/> pain at end of spine on sitting.		

*Directly or indirectly controlled

For further explanation of the conditions shown above, and information about those not shown, ask your Doctor of Chiropractic.