REVIVE Injury and Wellness

1750 Blankenship Rd Suite 295, West Linn, OR 97045

Phone: 503 344 4378

Patient Information:

Date		SSN		Birthday	
First Name		Middle Name		Last Name	
Sex	○ Male ○ Female	Height		Weight	
Married/Civil Union:		Spouse Name		# of Children	
Home #		Cell #		Work #	
Address					
City		State		Zip	
Emergency Contact		Emergency Relation		Emergency Phone	
Email					

Patient Social

Alcohol:	○ Daily	○ Weekly	○ Occasionaly	○ Never	Caffeine:	○ Daily	○ Weekly	○ Occasionaly	○ Never
Diet Food Products:	○ Daily	○ Weekly	○ Occasionaly	○ Never	Drugs:	○ Daily	○ Weekly	○ Occasionaly	○ Never
OTC Stimulants:	○ Daily	○ Weekly	○ Occasionaly	○ Never	Exercise:	○ Daily	○ Weekly	○ Occasionaly	○ Never
Homemade Food:	○ Daily	○ Weekly	○ Occasionaly	○ Never	Processed:	○ Daily	○ Weekly	○ Occasionaly	○ Never
Soft Drinks:	○ Daily	○ Weekly	○ Occasionaly	○ Never	Tobacco:	○ Daily	○ Weekly	○ Occasionaly	○ Never
Water:	○ Daily	○ Weekly	○ Occasionaly	○ Never					

Complaint Information:

○ Work ○ Automobile ○ Third-Party ○ Other Injury Date: _____

Area of Complaint: _____

Desc Discomfort: _____

Interfere w/ Activities: ○ Yes ○ No Affected Sleep: ○ Yes ○ No Frequency: _____

Missed Work: ○ Yes ○ No Unable to Work from: _____ Unable to Work Until: _____

Affected Appetite: ○ Yes ○ No Explain: _____

Reduced Work: ○ Yes ○ No Explain: _____

Does it Worsen: ○ Yes ○ No Explain: _____

Weather Affects it: ○ Yes ○ No Explain: _____

Aggravates Condition: _____

Improves Condition: _____

Received Treatment: ○ Yes ○ No Explain: _____

X-rays Taken: ○ Yes ○ No Explain: _____

Pain level Rating - Scale 1 to 10: At its best: ____ At its Worst: ____ Current Level: ____

Same Condition Before: ○ Yes ○ No Date: _____ Practitioner: _____

For Women Only:

Are you pregnant? ◯ Yes ◯ No Are you taking birth control? ◯ Yes ◯ No Do you have irregular cycles? ◯ Yes ◯ No

Are you nursing? ◯ Yes ◯ No Do you experience painful periods? ◯ Yes ◯ No Do you have breast implants? ◯ Yes ◯ No

Goals for Your Care

People see a chiropractor for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their body. Your doctor will weigh your needs and desires when recommending your care program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

☐ I want the Doctor to select the type of care appropriate for my condition

☐ Relief care: Symptomatic relief of pain or discomfort.

☐ Corrective care: Correcting and relieving the cause of the problem as well as the symptom

☐ Comprehensive care: Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic Care

Personal Health History

Last Physical Exam: _____ Primary Phys: _____ Phys Phone #: _____

Phys City: _____ Phys State: _____ Phys Zip: _____

Health Conditions: _____

Previous Chiro Care: ◯ Yes ◯ No Date: _____ Condition(s) treated: _____

Chance Pregnant: ◯ Yes ◯ No Planning: ◯ Yes ◯ No

Medications: _____

Supplements: _____

Personal Incident History:

Broken Bones: ◯ Yes ◯ No Treatment: ◯ Yes ◯ No Explain _____

Sprains/Strains: ◯ Yes ◯ No Treatment: ◯ Yes ◯ No Explain _____

Hospitalized: ◯ Yes ◯ No Explain: _____

Surgery: ◯ Yes ◯ No Explain: _____

Auto Accident: ◯ Yes ◯ No Treatment: ◯ Yes ◯ No Explain _____

Struck Unconscious: ◯ Yes ◯ No Treatment: ◯ Yes ◯ No Explain _____

Eating Disorder: ◯ Yes ◯ No Explain: _____

Stroke: ◯ Yes ◯ No Explain: _____

Health Checklist:

- [ ] Alcoholism
- [ ] Allergies
- [ ] Anemia
- [ ] Arteriosclerosis
- [ ] Arthritis
- [ ] Asthma
- [ ] Autoimmune Disease
- [ ] Back Pain
- [ ] Bleeding Disorders
- [ ] Breast Lump
- [ ] Bronchitis
- [ ] Bruise Easily
- [ ] Cancer
- [ ] Cataracts
- [ ] Chest Pain
- [ ] CHF
- [ ] Cold Extremities
- [ ] Constipation
- [ ] COPD/emphysema
- [ ] Cramps
- [ ] CVA (stroke/TIA)
- [ ] Dementia/Alzheimer's
- [ ] Depression
- [ ] Diabetes
- [ ] Diagnosed emotional/mental
- [ ] Digestion Problems
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Excessive Menstruation
- [ ] Eye Pain or Difficulties
- [ ] Fatigue
- [ ] Frequent Urination
- [ ] Gallbladder disease/stones
- [ ] Glaucoma
- [ ] Gout
- [ ] Headache
- [ ] Hemorrhoids
- [ ] High Blood Pressure
- [ ] Hot Flashes
- [ ] Irregular Heart Beat
- [ ] Irregular Menstrual Cycle
- [ ] Kidney Infection
- [ ] Kidney Stones
- [ ] Liver disease/cirrhosis
- [ ] Loss of Balance
- [ ] Loss of Memory
- [ ] Loss of Smell
- [ ] Loss of Taste
- [ ] Lung disease
- [ ] Macular Degeneration
- [ ] Migraines
- [ ] Nosebleeds
- [ ] Pacemaker
- [ ] Parkinson's
- [ ] Polio
- [ ] Poor Posture
- [ ] Prostate Trouble
- [ ] Retinal Disease
- [ ] Sciatica
- [ ] Seizures
- [ ] Shortness of Breath
- [ ] Sinus Infection
- [ ] Skin Sensitivity
- [ ] Sleep Problems/Insomnia
- [ ] Smoked
- [ ] Spinal Curvatures
- [ ] Stroke
- [ ] Swelling of Ankles
- [ ] Swollen Joints
- [ ] Thyroid Condition
- [ ] Tuberculosis
- [ ] Ulcers
- [ ] Varicose Veins
- [ ] Venereal Disease
- [ ] Other

_____

Have you had any of these Cardiovascular Diseases? Please select all that apply.

- [ ] Myocardial infarction
- [ ] Hypertension
- [ ] Hypercholesterolemia
- [ ] Bypass surgery
- [ ] Coronary artery disease

Do you have Diabetes? If so what type?

- ○ Type I
- ○ Type II
- ○ Juvenile

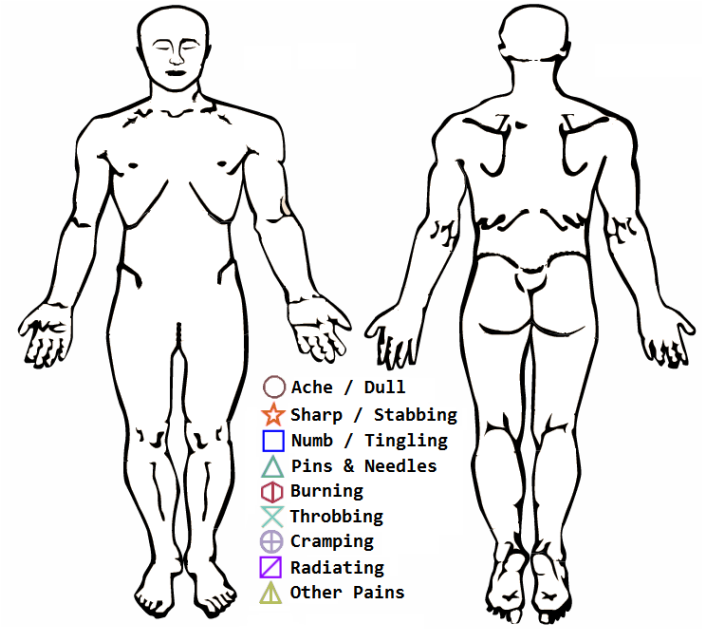
Do you have any stomach/digestive issues? Please select all that apply.

- [ ] Ulcers
- [ ] Reflux
- [ ] IBS

Family Health History:

Family Health History

Patient Symptoms:



Patient: This form is designed to present benefits and risks of the therapies offered by the practitioners of this clinic and must be signed before treatment is rendered. PLEASE INITIAL EACH BOX. Ask your doctor or therapist about your questions or concerns. Your treatment may include a combination of the following: Chiropractic manipulative adjustmentsWe use osseous, drop table, sacro-occipital, and other various techniques to adjust our patients. The goal of Chiropractic manipulation is to restore joint motion and neurological function of a specific spinal, extremity or cranial motion segments. A proper screening is required and performed during physical examination to ensure that you have no contradictions to adjusting. X-ray studies may be ordered if deemed necessary. Post adjustment there may be dizziness, soreness, inflammation, bruising and temporary worsening of symptoms in the area. More serious complications are extremely rare and their association with spinal adjustments is debated. These complications include injury to the arteries in the neck which may be associated with stroke and serious neurological impairment, injuries to the spinal discs, and spinal fractures. Serious complications are estimated to be in the range of .5 – 2 incidences per million adjustments of the neck and 1 per million for adjustments of the low back. Additional information on side effects, complications and effectiveness of spinal adjustments is available upon request. Open Bay Adjustments It is the practice of this office to provide chiropractic care in an “open” adjusting environment. Open adjusting involves patients being seen in the adjusting area by others in the office. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. These are known as “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matter. If you choose not to be adjusted in the open, it is your responsibility to inform the practitioner of this. The care you receive in our office will never be affected due to this choice. Trigger point Therapy, stretching, Graston Technique, massage, exerciseWhen an area of muscle or fascia becomes damaged either by trauma or repetitive stress, local areas of tenderness or nodules (trigger points) may be found that either cause pain or refer it to other areas. By using ischemic compression, stretching, stainless steel instruments, strain-counter stain, and/or massage, soft tissue pain generators can be eliminated. Your problem may be caused or exacerbated by poor biomechanics. If this is the case, postural advice and exercises for strengthening may be indicated. Sometimes bruising, redness, itching or soreness can result from treatment but this is rare. Please let your therapist know if you are taking medications such as aspirin or blood thinners. Your doctor or therapist will monitor your progress and modify treatment as necessary. Supplement, Nutrition, Taping, Orthopedic equipmentWe can help your body heal itself by mechanical and electrical means. At times, you organ systems and tissues may need nutritional support. Make sure to tell your doctor about any medications you are currently taking so that drug/supplement interactions are minimized. It is important for your physicians to know about any food allergies or sensitivities as there may be irritants in the supplements or topical applications. If external biomechanical support is needed, back braces, cervical support pillows, or orthotics may be options for you. Imaging ReferralsDepending on your clinical presentation we may need x-rays, MRI, blood work, etc. for more information. We will refer you to the proper imaging center or laboratory for these. When co-management is necessary, your doctor will refer you to another specialist for a second opinion or alternative therapy (physical therapy, injections, acupuncture, vestibular rehabilitation, etc.)I have had read and understand the above statements regarding treatment side effects. I also understand that there is no guarantee or warranty for a specific cure or result. I also understand that I play an important role in my own health care. I understand just as I may end the treating relationship at any time and seek other care, Revive Injury & Wellness may end the doctor – patient relationship at anytime for failure to comply with a recommended treatment plan.

Signature _____ Date: _____