Goldsworthy
chiropractic & wellness centre

Acupuncture & Traditional Chinese Medicine
Tara Blain R.TCMP, R.Ac.

Name:_____ Birth Date:_____ Date:_____

Address:_____

City:_____ Postal Code:_____

Home Phone:_____ Cell Phone:_____

Email Address:_____

Emergency Contact Name:_____ Number:_____

Occupation:_____ Referred By:_____

Height:_____ Weight:_____

1) First issue you would like me to look at.

Description:_____

When did the issue start?_____

Location: _____

How long does it last? _____

What aggravates it? _____

What makes it better? _____

What caused it? _____

_____

Treatments to date? _____

What symptoms does it cause? (Pain: Achy/Sharp/Dull/Radiating/No pain). It may not be a pain issue please list how it affects your daily life.

_____

_____

_____

Severity of the issue 0 not at all 10 needs to be hospitalized. _____

2) Second issue you would like me to look at.

Description: _____

When did the issue start? _____

Location: _____

How long does it last? _____

What aggravates it? _____

What makes it better? _____

What caused it? _____

_____

Treatments to date? _____

What symptoms does it cause? (Pain: Achy/Sharp/Dull/Radiating/No pain). It may not be a pain issue please list how it effects your daily life.

_____

_____

_____

Severity of the issue 0 not at all 10 needs to be hospitalized._____

3) Third issue you would like me to look at.

Description: _____

When did the issue start? _____

Location: _____

How long does it last? _____

What aggravates it? _____

What makes it better? _____

What caused it? _____

_____

Treatments to date? _____

What symptoms does it cause? (Pain: Achy/Sharp/Dull/Radiating/No pain). It may not be a pain issue please list how it effects your daily life.

_____

_____

_____

Severity of the issue 0 not at all 10 needs to be hospitalized. _____

Health History

Do you have any MD diagnosed illnesses? Thyroid, Hormonal etc.

Any surgery or accidents? Please include the date or your age.

Please list your scars.

Do you take any medications? Please note all medications, herbs, vitamins and minerals that you take, even if its only occasionally.

Family History: Please note all major illnesses in your immediate family, like diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopaedic disorders, allergies, alcoholism, cancer.

Tara Blain R. TCMP., R.AC.
Goldsworthy Wellness Centre
168K Lexington Court, Waterloo, ON N2J 4R9
Phone: 519-886-4814

Goldsworthy
chiropractic & wellness centre

LIST OF SYMPTOMS FOR TREATMENT

Name:_____ Date:_____

CIRCLE any problem, disease, or symptom you have now.

UNDERLINE items that affected you in the past.

SKIN: eczema - acne - skin rashes - dermatitis - furuncles – fungal infections – warts – psoriasis

HEART AND VASCULAR: fast pulse (over 100 beats/min.) - slow pulse (less than 60 beats/min.) – palpitation Irregular pulse – feeling of pressure in the chest – short of breath – chest pain – dizziness – migraine – headaches with nausea – cold hands/cold feet – Raynaud's disease – flushed face – anemia – high blood pressure – low blood pressure – cold sweats – red face – feel dizzy or faint when standing up or standing for long time.

GASTROINTESTINAL: constipation – diarrhea – no appetite – stomach pain – indigestion – heartburn – intestinal gas – belching – ulcer – gastritis – lack of stomach acid – hemorrhoids - ileocecal valve – spasm – peritonitis – pancreatitis – irritable bowel - polyps – GI tumors

RESPIRATORY: asthma – bronchitis – emphysema – cough – wheeze – pneumonia – lung abscess

HORMONAL IMBALANCE: low thyroid – overactive thyroid – diabetes – hypoglycemia – blood sugar

Another hormone imbalance: _____

MALE: impotence – premature ejaculation – prostate gland problem – vasectomy – infertility

FEMALE: menstrual problems – cramping – heavy/light/irregular periods – PMS – emotional reactions – menopause symptoms – tubal ligation – infertility – low libido

AUTOIMMUNE AND INFLAMMATORY CONDITIONS: Hashimoto's disease (thyroid) – rheumatism – systemic lupus erythematosus – colitis – Crohn's disease – alopecia (baldness) – allergy – food allergy – atopic dermatitis - neurodermatitis – cellulitis – sinus allergy – vulvitis

EFFECTS OF FOCAL INFECTIONS: rheumatic disease – rheumatic fever – arthritis – skin disease

CONNECTIVE TISSUE OR LIGAMENT DISEASES: myofascial pain syndrome – fibromyalgia – tendinitis - ligaments – pericarditis - constant/slight fever - glomerulonephritis – plantar fasciitis – scarlet fever – ear infections – streptococci infections – staphylococcal infections – easily catch cold or sore throat – swollen glands

EAR, NOSE AND THROAT: deafness – tinnitus (ringing in the ears) – itchy ear – ear pain – frequent ear infections – sinus/ headaches – yellow mucus – stuffy nose – post-nasal-drip – dry throat – itchy throat – constant sinus congestion – streptococcal throat infections – sore throat

ORAL DISEASE: bleeding gums – periodontitis – dental abscess – mumps – stomatitis (inflammation of the mouth) – TMJ – toothaches without cavities

GENERAL: insomnia – psychosomatic weakness – exhaustion – emotional problems (angry, irritable, depressed, anxious) – difficult concentrating on a task – easily get car sick – seasick – airsick – no appetite for breakfast – moody in the mornings – unusual sweating (palm, sole or elsewhere) – never sweat

BEFORE NOON TIME: no energy – feel spacey – scattered minded – energetic all evening through midnight, but hate to wake up early in the morning – long shower or bath makes you feel dizzy or faint

MEDICATION AND DRUGS: birth control pill – cigarettes – alcohol – cocaine – marijuana

OTHER:_____
_____
_____
_____
_____
_____

Tara Blain R., TCMP., R. AC.
Goldsworthy Wellness Centre
168K Lexington Court, Waterloo ON N2J 4R9
Phone: 519-886-4814

PATIENT PRIVACY CONSENT FORM

Privacy of your personal information is an important part of our office providing you with quality chiropractic care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, Dr. Jeff Goldsworthy acts as the Privacy Information Officer.

All staff members who encounter your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In this consent form, we have outlined what our office is doing to ensure that:

*only necessary information is collected about you
*we only share your information with your consent
*storage, retention and destruction of your personal information complies with existing legislation and privacy protocols
*our privacy protocols comply with legislation, standards of our regulatory bodies and the law

Do not hesitate to discuss our policies with Dr. Jeff or any member of our staff. Please be assured that every staff member in our office is committed to ensuring that you receive the best quality Health Care.

HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENT'S PERSONAL INFORMATION

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is disclosing your information.

This office will collect, use, and disclose information about you for the following purposes:
*to deliver safe and efficient patient care
*to identify and to ensure continuous high quality service
*to asses your health needs
*to provide health care
*to advise you of treatment options
*to enable us to contact you
*to establish and maintain communication with you
*to offer and provide treatment, care and services
*to communicate with other treating health care providers, including but not limited to specialists, referring doctors, family doctors, massage therapists, naturopaths
*to allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
* to allow us to efficiently follow-up for treatment, care and billing
*for teaching and demonstrating purposes on an anonymous basis
*to complete and submit claims for third party adjudication and payment
*to comply with legal and regulatory requirements, including the delivery of patient's charts and records to governing bodies in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act

*to comply with agreements/undertakings entered into voluntarily by the member with governing bodies, including the delivery and/or review of patient's charts and records in a timely fashion for regulatory and monitoring purposes
*to permit potential purchasers, practice brokers or advisors to evaluate the practice
*to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
*to deliver your charts and records to the office's insurance carrier to enable the insurance company to assess liability and quantify damage, if any
*to prepare materials for the Health Professions Appeal and Review Board (HPARB)
*to invoice for goods and services
*to process credit card payments
*to collect unpaid accounts
*to assist this office to comply with all regulatory requirements
*to comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defense of a legal issue.

Our office will not under any condition supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision and the process.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information and the steps your office is taking to protect my information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Goldsworthy Chiropractic and Wellness Centre can collect, use, and disclose personal information about: (Patient's name) _____
As set out above in the information about the office's privacy policies.

Signature _____

Print Name _____
(Print name and relationship to patient if signing for a child under 16)

Date _____ Signature of Witness _____

Tara Blain R. TCMP., R.AC.
Goldsworthy Wellness Centre
168K Lexington Court, Waterloo ON N2L 4R9
Telephone: 519-886-4814

Goldsworthy
chiropractic & wellness centre

Consent for Acupuncture Treatment

---Please read this before going in for your treatment---

Nature of Acupuncture Therapy

Acupuncture therapy involves the insertion of single-use, disposable fine needles into acupuncture points in the body. Treatment includes the local area of your complaint as well as distally related areas. The abdomen, back, head, neck, arms, hands, chest, legs, feet, sacrum, and buttocks may be treated. This does not include touching any obvious sexual areas, but it is common to work the inner thighs, abdomen, buttocks, and upper chest. Wear loose clothes – t-shirts, sweatpants, tank tops or shorts. Please tell your therapist at any time if you are feeling uncomfortable with the needles or the area being worked.

Purpose of Acupuncture Therapy/Expected Benefits/Side Effects – "Treatment Reactions" The purpose of acupuncture therapy is to release stagnation and to improve the flow of QI (the vital energy of life) in the body. Acupuncture therapy is beneficial for a variety of conditions and can help relieve the pain, improving functioning, maintain health and prevent future problems.

During treatment, you may experience several reactions. It is normal to feel a dull ache or tingling feeling at the insertion site. This is the sensation of Qi and is completely normal. If you feel nauseated or dizzy, please tell your therapist immediately. After treatment, you may feel sleepy, energized, tired, sore, or stiff. You may have a new pain or a change in the old pain. Sometimes unexpected reactions occur such as headache or heavy menstrual flow. These experiences are not uncommon and should last 1 to 2 days only. Acupuncture is a safe therapy, but the insertion of needles may cause bruising on occasion. Also, the application of cupping or gua sha, may leave red marks. These are all 'natural' reactions of the body to the stimulation.

Please advise your therapist of your treatment reactions and contact us if you become concerned.

You have the right to change or refuse any or all parts of the treatment now or at any time in the future.

Consent to Treatment

Patient name: _____

Are there any areas or ways you don't want to be touched? (e.g., left knee)

_____

_____

I give my consent to the treatment: Yes_____ No_____

Patient's signature: _____ Date: _____

Therapist's signature: _____

Tara Blain R. TCMP., R. AC.
Goldsworthy Wellness Centre
168K Lexington Court, Waterloo, ON N2J 4R9
Phone: 519-886-4814

Goldsworthy
chiropractic & wellness centre

MISSED APPOINTMENT AND LATE CANCELLATION FEE POLICY

We're glad you have chosen us to provide you with your health care. Your practitioner books your appointments to keep you in top shape. When you miss or cancel your appointment you affect your health and those of clients that could have used that time.

Our Centre requires 48 business hours' advanced notice in the event you need to reschedule or cancel an appointment. Appointments on Monday must be cancelled before the scheduled appointment time on the previous Thursday.

Full treatment price will be charged for appointments missed, cancelled, or rescheduled with less than 48 hours' notice.

Please be aware that in some cases repeat missed appointments can lead to termination of services. None of these fees are insurance reimbursable.

I _____, have read the above information that explains the missed appointment, late cancellation, and rescheduling fee policy.
I understand that at least 48 business hours' notice is required to avoid these charges.

Signature: _____ Date: _____

Tara Blain R. TCMP., R.AC.
Goldsworthy Wellness Centre
168K Lexington Court, Waterloo, ON N2J 4R9
Phone 519-886-4814