



Dr. Greg Haman, BA, DC
Haman Chiropractic and Orthotics

NAME:	Alberta Health Card No #
ADDRESS:	TODAY'S DATE:
CITY:	WHO CAN WE THANK FOR REFFERING YOU:
PROVINCE POSTAL CODE	
EMPLOYER'S NAME	FAMILY PHYSICIAN'S NAME
YOUR OCCUPATION	DATE OF BIRTH MONTH / DAY / YEAR
HOME PHONE #	CELL PHONE#
WORK PHONE #	
MALE / FEMALE	EMAIL ADDRESS:

We have a strict 2 hour CANCELLATION notice please call or email to cancel or reschedule an appointment

Name of Extended Health Insurance Company: _____

We can direct bill for you if you have coverage with Great West Life/ Sun life / Blue Cross/ Green shield / Desjardins/ Manulife/ Pro Benefits Inc/ Maximum Benefit / Standard Life / Chamber of Commerce / ASEBP or Johnson Insurances (you are personally responsible for any amount not covered by your benefits)

Main Complaint:
Location:
How did it start?
When did it start?
How often do you feel it (25% of the time, half the day, all day)?
Does it radiate anywhere?
What type of pain is it (Sharp, shooting, dull, achy, tight)?
How bad is the pain (0-10 scale. 0-no pain, 10 unbearable)?
What makes it worse or better?
Does it wake you up at night?
Any numbness or tingling?

Please X or circle on the figures where you feel pain →

Please Circle severity of pain:

0 meaning - No Complaint/Pain

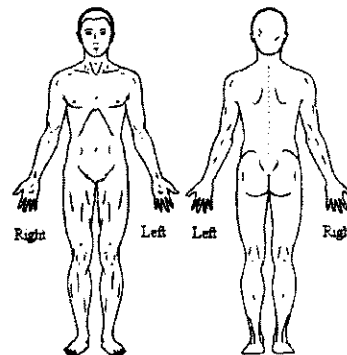
10 meaning - Worst Possible Complaint/Pain

0 1 2 3 4 5 6 7 8 9 10

If your condition is due to a Motor vehicle accident; please answer the following:

Date _____ Time _____ AM _____ PM _____ of Accident

Place or location of accident: _____



MEDICATIONS I NOW TAKE

Nerve Pills	Stimulants
Pain Killers	Blood thinners
Muscle Relaxers	Aspirin
Blood Pressure Medicine	Tylenol
Insulin	Cholesterol Medicine
Other _____	Other _____

HEALTH HABITS

Do you smoke? No Yes _____ packs/day
 Do you drink alcohol? No Yes _____ drinks/week
 Do you drink coffee? No Yes _____ cups/day
 Do you exercise regularly? No Moderate Daily

HEALTH CONDITIONS

Please check each of the diseases or conditions that you have now; or have had in the past. While they may seem unrelated to the purpose of the appointment, they can affect the overall diagnosis, care plan and the possibility of being accepted for care.

- | | |
|--|--|
| <input type="checkbox"/> Severe or Frequent Headaches | <input type="checkbox"/> Congenital Heart Defect |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Heart Surgery/Pacemaker |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Loss of Sleep | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Pain between the Shoulders | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Frequent Neck Pain | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Numbness or Pain in Arms/Legs/Hands | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Lower Back Problems | <input type="checkbox"/> Alcohol/Drug Abuse |
| <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ulcers/Colitis | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Heart Attack/Stoke | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Trouble Sleeping |
| | <input type="checkbox"/> Prostate problems |
| | <input type="checkbox"/> Ear infections |

Initial Visit and Exam

Adult & Children.....\$ 95.00
 Seniors.....\$75.00

Regular Office visit (Subsequent Visits)

Adult & Student/Child60.00
 Seniors.....45.00

X-ray

Consult & Reading.....\$ 55.00

Footmaxx @ Prescription Orthotics

Exam and Gait analysis only.....\$ 55.00

Orthotics..... \$ 425.00 to \$475.00

Shipping..... \$ 25.00

Products

Chiroflow Pillow.....\$65.00

Biofreeze.....\$18.00

Pure Essential.....\$21.00

For Women:

Are you pregnant? Yes No

Are you nursing? Yes No

Are you taking birth control?
 Yes No

Do you experience painful periods?
 Yes No

Do you have irregular cycles?
 Yes No

Out of respect for other patients we ask for a minimum 2 hours cancellation notice.

You can call us at 780-882-6888 or email us at hamanchiro.com to cancel your appt.

You will be charged the full fee of your visit if you do not cancel. This cannot be paid by your

Insurance Company

(Please initial).

EMERGENCY CONTACT:

NAME

PHONE NUMBER

YOUR SIGNATURE: _____

DATE: _____

(Patient or Parent or Guardian)

Dr Haman DOES NOT handle WCB claims



CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

CONSENT TO CHIROPRACTIC TREATMENT – FORM L

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)

Date: _____ 20____.

Signature of patient (or legal guardian)

Date: _____ 20____.

Signature of Chiropractor

Date: _____ 20____.