

TO YOU OUR NEW PATIENTS

The ethos of our clinic is to provide you with the care and advice that can make you well again.

Our complete wellness program starts with your **Initial Intensive Care Phase**. This begins on your second visit when you receive your **Report of Findings - First Treatment**. Depending on how serious the cause of your problem is, this phase usually lasts one to two months.

Also, during this phase, you (and your partner!) are asked to attend one **Health Care Class**. This is an important part of your improvement, is free, fun (we promise) and lasts less than a half hour (promise again).

Once the majority (or all!) of the problems you first consulted us for are dealt with, you begin your **Rehabilitative Care Phase**. There's less treatment, and the emphasis is personally instructing you in bite sized amounts how to strengthen and stabilize your area that required treatment. During this phase we see you less often and usually over a four week period.

Your **third phase** (congratulations, you're there!) is recommended at a three month interval for the first year. Your spine and relevant areas are regularly checked to maintain their optimum working order. The bottom line is that once you're well and healthy, we want you to stay that way. By the way, you'll know who the people in this phase are when you're in our reception. They're the ones smiling!

Camberley Chiropractic Clinic Ltd

New Patient Questionnaire

Please complete as many questions as you can. This information is strictly confidential and will help the practice to provide better care for you.

General Information:

Title: Mr / Mrs / Miss / Other

Surname.....

First name.....

Date of Birth

Sex: M / F.....

Address.....

.....

Post Code

Phone: Home.....

Work.....

Mobile.....

Email Address:.....

I would like to receive a monthly newsletter by email Yes / No

GP's Name and Address:.....

.....

Who recommended our Clinic to you?.....

How many children do you have?..... How many are under 12 years of age?.....

If you are female, could you please indicate if you are pregnant.

Yes / No
(*please circle*)

Are you claiming on health insurance?

Yes / No

(*please circle*)

If so, which company?.....

Is it a personal or company policy ?

Do you have to pay an excess amount?..... If yes, how much?.....

Has your insurer a limit for chiropractic treatment?

If yes, how much?.....

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Please list your present complaints (*describe fully*) or your purpose for this appointment.

.....
.....
.....
.....

Please describe what caused your condition:.....

.....

How long have you been affected by this?.....

Describe what aggravates your problem (*be specific: hobbies, sleep habit, stress etc.*)

.....
.....

Describe what relieves your problems.....

Are the problems: (*please circle*) getting worse remaining constant
 coming and going other (*describe*)

.....

Personal Medical History

Please list any serious or chronic illness, operations or disabilities:

Year	19
	19
	19
	20
	20
	20

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Have you ever suffered from	<u>Please circle</u>	<u>Date</u>
1. High Blood Pressure	Yes / No
2. Heart or Blood Vessel Disease	Yes / No
3. Diabetes	Yes / No
4. Stroke	Yes / No
5. Heart Attack	Yes / No
6. Asthma / Eczema	Yes / No
7. Cancer	Yes / No

Are you presently under the care of a GP or a Consultant?

Social History:

Occupation..... Marital status.....

Do you smoke? Yes / No (please circle) How many?...../ day

Do you drink? Yes / No (please circle) How much?...../ week

Do you take regular exercise or sport? Yes / No (please circle)

Which sports?.....

Drugs and Medicines:

Are you taking any drugs, medicines, tablets or contraceptive pills? Yes / No
(please circle)

Name of medicine: Dosage (if known)

1.

2.

3.

4.

5.

Are you allergic to any tablets or substances? Yes / No (please circle)

Which ones?

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Please read the following carefully and sign both copies:

I clearly understand and agree that all services are charged to me and I am personally responsible for payment. Fees are due at the time of visit, including X-rays taken and/or examination, unless otherwise agreed in advance. Fees not settled on the day will be subject to accounting and interest charges, unless otherwise agreed in advance. I understand that health and accident insurance policies are an arrangement between the insurance company and myself and, whilst the clinic will assist my claim, I am personally responsible for any outstanding amount I am unable to claim through my policy.

I am aware that there is a copy of the Clinic's Complaints Procedure available in reception.

Please note.

A service that we provide is a telephone call to you the evening of the day before your appointment. This is to confirm your appointment time. We provide this as a reminder service only. Should we not be able to speak with you or should you not have an answering service, it is your responsibility to attend your appointment at the time agreed to when you made it. Should you change your appointment after 9.00 am on the day of your appointment or miss it altogether, a charge of the full treatment fee shall be made to you.

I have read, understood and agreed to the above:

Signed..... Date.....

OWNERSHIP OF X-RAY FILMS

Patients are asked to note that any x-rays taken or ordered by their Chiropractor must be retained as part of your health record for a period of eight years after the date of your last visit. This is one of the legal requirements of the Code of Practice published by the General Chiropractic Council, which is the statutory regulator for Chiropractors in the United Kingdom.

There may be occasions when you want another health professional to look at your x-rays. In these circumstances your Chiropractor will be willing to release them to you or (with your consent) to your health professional of choice, on the clear understanding that the x-ray films will be returned to your Chiropractor.

Under the Data Protection Act, you are entitled to a copy of your health record, including any x-rays, and your Chiropractor may make a reasonable charge for the copy. The maximum charge that can be made is **£50**.

Do please ask your Chiropractor if you have any questions about the information set out in this notice.

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