

# Personal History

Date: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Social Sec # \_\_\_\_\_

Name: \_\_\_\_\_ Medicare: YES or NO

Address \_\_\_\_\_ If Medicare, need copy of card & signature

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Wt \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Circle if you are:      Married Single Widowed      Divorced      Separated

Overall Health:      Excellent / Good / Fair / Poor      0-10 scale (10 being best) \_\_\_\_\_

Health Concern: (what you are here for) \_\_\_\_\_

Other Care Received for Health Concern: \_\_\_\_\_

Results? \_\_\_\_\_

Are you currently under the care of a health care practitioner for this concern? YES NO Have you been involved in any accidents in the past 5 years? Yes No Pending cases? Yes No

REFERRED BY: \_\_\_\_\_

Do you Take or use?:

Nutritional Supplements      NO Yes (list) \_\_\_\_\_

Medications      NO Yes (list) \_\_\_\_\_

Special Diet      NO Yes (list) \_\_\_\_\_

Coffee      NO Yes Brewed Instant How many cups per day? \_\_\_\_\_

Soft Drinks      NO Yes Diet Regular How many cans per day? \_\_\_\_\_

Candy / Sweets      NO Yes (list) \_\_\_\_\_

Tobacco products      NO Yes (list) Chew Cigar Pipe Cigarettes per day \_\_\_\_\_

Allergies      NO Yes (list) \_\_\_\_\_

Animals in your home      NO Yes (list) \_\_\_\_\_

Dental Work      NO Yes (list what & when) \_\_\_\_\_

Major Life Event      NO Yes (list what & when) \_\_\_\_\_

Have you ever been diagnosed with diabetes? NO YES

Have you ever been diagnosed with cancer? NO YES

Are you currently on or have you taken blood thinners or steroids in the past 6 months? NO YES

Disease: (circle any you have had):

Appendicitis	Malaria	Chicken Pox	Alcoholism
Scarlet Fever	Tuberculosis	Diabetes	Venereal Infection
Hepatitis	Whooping cough	Cancer	Arthritis
Typhoid Fever	Anemia	Heart Disease	Epilepsy
Pneumonia	Measles	Goiter	Mental Disorder
Rheumatic Fever	Mumps	Influenza	Lumbago
Polio	Small Pox	Pleurisy	Eczema

Describe further or list any other disease: \_\_\_\_\_

Surgeries: \_\_\_\_\_

# Informed Consent

Every type of health care is associated with some risk of potential problems. This includes Chiropractic care, Instrument-assisted Soft Tissue Mobilization/Manual Soft Tissue Mobilization/Myofascial Disruption Technique (ISTM/MSTM/MFDT) and Nutritional Care. Although research has shown that Chiropractic Care, Soft Tissue Mobilization Techniques & Nutritional Care are some of the safest forms of treatment, we want you to be informed about potential associated problems before consenting to treatment. This is called Informed Consent.

## Chiropractic Informed Consent:

Chiropractic adjustments are gentle movements of the joints with the doctor's hands or with the use of a mechanical device. The following are potential situations that could arise from an adjustment:

- Soreness: most always a temporary symptom that occurs while your body is undergoing change.
- Rib fractures: very rarely will an adjustment fracture a rib; this could occur on patients who have weakened bones from such things as osteoporosis.
- Soft tissue injury: tearing of muscle or ligament fibers; also rare and no long-term effects for the patient.
- Disc herniations: rarely will chiropractic care aggravate an already herniated disc and rarely may surgery become necessary to correct.
- Stroke: very rarely- an estimated incidence is 1 per every 3 million upper neck adjustments; it could be involved only if the patient has cardiovascular insufficiency.

## Therapy Informed Consent:

ISTM uses patented stainless-steel instruments that are designed to adapt to the various tissue conformations. This allows us to detect and treat soft tissue dysfunctions in a precise and specific manner. MFDT & MSTM are body work techniques that use deep pressure to correct fatigue, trigger points, adhesions and disruptions in the muscles and connective tissue. They are also used to re-anchor tendons and ligaments after sprain/strain injuries.

The following are potential situations that could arise from therapy:

- Patients may experience pain or discomfort during treatment. In addition, bruising or a significant soft tissue release is possible subsequent to ISTM, MFDT or MSTM. Using cryotherapy (Cold/Ice Therapy) after treatment can lessen associated side effects.

## Nutritional Informed Consent:

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." Although a vitamin, mineral, trace element, amino acid, herb, or homeopathic remedy may have an effect on any disease process or symptoms, this does not mean they can be misrepresented or be classified as a drug by anyone. Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body.

I hereby, attest to the following:

1. I have read the above and understand the possible risks and hazards of treatments.
2. The services performed by Snow Holistic Health are at all times restricted to helping me gain a better understanding of my degree of "health" (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that the recommendations, discussion, sale of food, nutrition supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition, and does not relate in the context of any specific ailment or condition.
4. The appointments do not involve the diagnosing, prognosticating, or prescribing of medications, or any act, which will constitute the practice of medicine in this state, for which a medical license is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Child/Minor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_