

Bridgeland Sport & Spine

Patient Name: _____

Date: _____

Please **circle** current symptoms and **check (✓)** those you have had in the past.

General Symptoms:

loss of consciousness
blackouts
headache
fever
sweats
fainting
dizziness
clumsiness
convulsions
loss of sleep
numbness, tingling or pain
nervousness
loss of weight

Muscles & Joints:

stiff neck
back ache
swollen joints
painful tailbone
foot trouble
shoulder pain
elbow pain
wrist pain
hip pain
knee pain
arthritis
weakness/loss of strength
difficulty swallowing

EENT:

blurred vision
failing vision
double vision
eye pain
deafness
earache
ringing/buzzing ears
asthma
frequent colds
sinus infection
enlarged glands
enlarged thyroid
slurred speech

Respiratory:

chronic cough
spitting up phlegm
spitting up blood
chest pain
difficult breathing

Cardiovascular:

bleeding disorders
high blood pressure
pain over the heart
stroke
hardening of arteries
varicose veins
swelling of ankles
poor circulation
heart/blood disease
angina

Genito-urinary:

trouble urinating
blood in urine
kidney infection
bedwetting
prostate trouble

GU for women:

painful periods
excessive flow
hot flashes
irregular cycle
cramps/backache
vaginal discharge
swollen breasts
lumps in the breast

Have you ever been on the birth control pill? Yes/No
Are you currently taking the birth control pill? Yes/No
Pregnancies _____
Children _____
Currently pregnant? _____

Skin:

rashes, itching
bruise easily
dryness
boils
hives (allergy)

Gastrointestinal:

poor appetite
indigestion
excessive hunger
belching or gas
nausea or vomiting
pain over the stomach
constipation
diarrhea
hemorrhoids/piles
jaundice
gall bladder trouble
intestinal worms
ulcer
diabetes

Have you ever had any fractures? Yes/No
Have you ever been in a car accident? Yes/No

Have you ever been hospitalized? Yes/No
Have you ever smoked in the past? Yes/No

Are you currently a smoker? Yes/No

Do you take medication on a regular basis? Yes/No
If yes, what? _____

Please inform the doctor if you are HIV+ or have or did have cancer Yes/No

BRIDGELAND SPORT & SPINE
EXPLANATION OF FEES

Procedure	Consists Of:	Prices for Treatment:
Initial Assessment & Treatment	-Discuss your health problem. -Review your case history and perform a physical examination. -Discuss the examination findings and treatment options. -Initial Treatment.	\$90.00
Active Release, Graston or Rehab exercise program	-Please ask for more information on this therapy. -Includes adjustment if appropriate.	\$60.00
Chiropractic Adjustment	-Joint Manipulation only.	\$45.00
Physiotherapy - Basic Session	-Includes modalities, supervised exercise, or basic therapy procedures.	\$65.00
Physiotherapy-IMS	-Please ask for more information on this therapy.	\$75.00
	-IMS Needling additional body parts	\$10.00
Form Completion	-Missed work letters, completion of general insurance forms.	\$20.00

Discounts are available for seniors & full time students. Pre-purchased packages are available to decrease the overall cost of your treatment plan.

Forms of Payment:

Patients are responsible for full payment at the time services are rendered. We accept Interac, Visa, MasterCard, personal cheque and cash. Any credit arrangements must be authorized in advance by the doctor. Workers' Compensation and motor vehicle accident injuries, please inquire regarding fees and policies.

Third Party Insurance Coverage:

Third party insurance (extended health care benefits) coverage varies from plan to plan. Please check with your provider for specific coverage details.

All professional services rendered are charged to the patient receiving care. We will supply you with statements, reports, or other documents for a fee, if applicable, as outlines above, to help you receive reimbursement from a third party.

Missed/Cancellation Appointment Policy

Our office requires 24 hours notice for cancellation of appointments with Dr. Hankins, Massage Therapy, Acupuncture and Physiotherapy. Appointments missed or cancelled without sufficient notice will be charged the cost of treatment.

<p>I consent to charge my credit card # _____ expiry date: _____ for missed appointments. Patient signature: _____</p>
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I have read, understood, and agreed to the fees and payment obligations as listed above.

Patient (or parent/guardian) signature

Date

Acupuncture/IMS Consent

Intramuscular Stimulation (IMS) uses a fine and flexible needle to release shortened bands of muscle caused by abnormal functioning of the nervous system. Acupuncture is used to stimulate the release of certain chemicals in the body that help decrease pain and swelling.

While complications are rare in occurrence, they are real and must be considered prior to giving consent to the procedure.

Hazards include temporary aggravation of symptoms, bruising, nausea, syncope/fainting, pain, bacterial/viral infections, broken or forgotten needles, masking of serious organic conditions, perforation of viscera (lung, bowel, bladder, and trauma to blood vessels).

Anytime a needle is used there is a risk of infection. We use new disposable sterile needles and infection is rare. At Bridgeland Sport & Spine, we take great care to practice clean techniques.

A needle may be placed inadvertently in an artery, nerve or vein. If an artery or vein is punctured with a needle a hematoma (bruise) will develop. If a nerve is punctured, it may cause paresthesia (a prickling sensation) which may continue for several days.

When a needle is placed close to the chest wall, there is a rare possibility of a pneumothorax (air in the chest cavity). If you experience shortness of breath, chest pain, rapid heart rate, easy fatigue, chest tightness, or bluish color, please proceed immediately to your nearest emergency centre.

Fortunately all these complications are not fatal and are readily reversible.

A surgical gown is provided, however, for a proper and thorough examination the practitioner may open up this gown.

Patients are requested to inform practitioners about conditions such as pregnancy, pace makers, or the use of blood thinners prior to the treatment.

If you have questions or concerns please discuss them immediately with your therapist.

I have read the above and I understand the risks involved with IMS therapy.

I consent to examination/treatment at Bridgeland Sport & Spine.

Signed: _____ Date: _____

Print Name: _____