

COMPLETE CARE *Massage*

Welcome to Complete Care and thank you for choosing us!

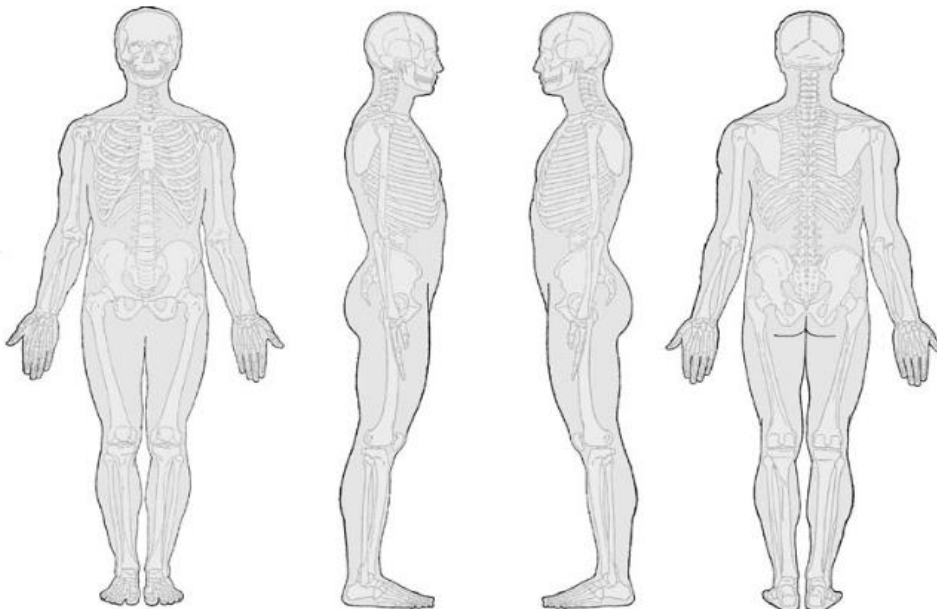
Name	Gender: M / F		
Address			
Phone: Home	Mobile		
D.O.B.	E-mail address		
Occupation			
Pregnant? Y / N	Marital status: M S W D	Partner's name	
Names & ages of children			
Have you had previous chiropractic care?		Massage?	
How did you hear about our office?			

If you have no symptoms or complaints and are here for a general health check, please skip to the "General Health History" on page 2.

Clients of Complete Care consult our offices for a number of reasons. Please list your concerns that you would like addressed.

Please list your health concerns.	Severity from 1=mild to 10=worst imaginable	When did this episode start?	Has this happened before? When?	What caused this problem?
1.				
2.				
3.				

Please mark on the diagram where you experience pain or have an injury.



Is the pain:	
Sharp?	<input type="radio"/>
Dull?	<input type="radio"/>
Burning?	<input type="radio"/>
Does the pain:	
Radiate?	<input type="radio"/>
Where?	
Since the pain started, is it getting:	
Better?	<input type="radio"/>
Same?	<input type="radio"/>
Worse?	<input type="radio"/>

Which activities aggravate your condition?

Is this condition interfering with any of the following?

Work Sleep Daily Routine Sports/exercise Other (please explain)

Who else, if anyone, have you seen regarding this condition?

GENERAL HEALTH HISTORY

*Often unexpected or seemingly unrelated stresses on our bodies can lead to health problems and influence our ability to heal.
Please answer the following section as thoroughly and honestly as possible.*

Have you had surgery or any major traumas?	
Type:	When?:
Type:	When?:
Do you wear orthotics or heel lifts?	

Past Medical History

Please mark the conditions you currently have or have had in the past

<ul style="list-style-type: none"> <input type="checkbox"/> Allergies <input type="checkbox"/> Anxiety <input type="checkbox"/> Any Skin Problems <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Back pain <input type="checkbox"/> Blood Clots <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Bruising <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Depression 	<ul style="list-style-type: none"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Digestive issues <input type="checkbox"/> Dizziness <input type="checkbox"/> Epilepsy <input type="checkbox"/> Gout <input type="checkbox"/> Headaches <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Irregular periods <input type="checkbox"/> Joint Replacement <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Migraines 	<ul style="list-style-type: none"> <input type="checkbox"/> Miscarriage(s) <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Numbness/ Tingling <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Recent Illness/Surgery/Fractures <input type="checkbox"/> Sinus problems <input type="checkbox"/> Sciatica <input type="checkbox"/> Scoliosis <input type="checkbox"/> Stroke <input type="checkbox"/> Tinnitus <input type="checkbox"/> TMJ Syndrome <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Other: _____
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Please List any medications or supplements that you currently take:

1.	2.	3.	4.
5.	6.	7.	8.

On a scale of 0 to 10, please describe your
(0 being poor, 10 being perfect)

Eating habits:	Exercise habits:	Sleep:	Gen. health:	Mindset:
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On a scale of 0 to 10, please grade your current level of stress
(0 being no stress, 10 being extremely stressed)

At work:	At home:	At play:
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What are your short term health goals?

What are your long term health goals?

At Complete Care Chiropractic, we aim to create a comfortable and therapeutic environment for our clients to ensure the optimal results from their care. If any aspect of your experience at Complete Care does not meet your expectations, please raise your concerns with your chiropractor, massage therapist or chiropractic assistant immediately.

Massage Client Declaration					
Consent is required to massage each part of the body, please indicate which areas you would like included:					
<input type="radio"/> Back	<input type="radio"/> Buttocks	<input type="radio"/> Legs	<input type="radio"/> Feet	<input type="radio"/> Arms	<input type="radio"/> Stomach
<input type="radio"/> Chest	<input type="radio"/> Neck	<input type="radio"/> Face	<input type="radio"/> Head	<input type="radio"/> Shoulders	<input type="radio"/>

Dry Needling and Cupping

What is Dry Needling (DN): Dry needling is a valuable adjunct treatment for chronic pain, acute pain, musculoskeletal pain, and stiffness.

With the dry needling technique, a fine, flexible, and sterile disposable needle is used. The purpose of the needling is to release shortened bands of muscle caused by abnormal functioning of the nervous system. Dry needling may cause an increase in pain for one to three days followed by an expected improvement in the overall pain state. The increased pain is related to overactive shortened muscle bands that have not been released and to the soreness caused by the “twitching” of the muscles.

Risks: Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure.

Any time a needle is used there is a risk of infection. However, we are using new, disposable, and sterile needles, and infections are extremely rare.

A needle may be placed inadvertently in an artery or vein. If an artery or vein is punctured with the needle, a hematoma (or bruise) will develop.

If a nerve is touched, it may cause paraesthesia (a prickling sensation) which is usually brief, but it may continue for a couple of 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 this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms are shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern.

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

Benefits: Pain relief.

Increase in circulation of blood.

increase Range of Motion and flexibility.

Increase function and strength of muscles.

Return of proper biomechanics.

Dry needling is generally safe for most people however patients are requested to inform practitioners about conditions such as pregnancy, pacemakers, a history of vascular diseases such as DVT or varicose veins, open wounds, and the use of blood thinners or immunosuppressant medications prior to the treatment.

Cupping

What is cupping: Cupping is an alternative therapy that uses small glass, bamboo, silicone, or plastic cups. The cups are placed on the skin, which cause a vacuum which break up stagnation and congestion, by drawing out and bringing it to the surface where it is then dispersed.

Types of Cupping:

Traditional- using a flame to warm a glass cup and then placing it on the skin.

Modern – is silicone, or vacuum (plastic)cups.

Different Techniques of Cupping

Stationary – the cup is placed in one position and doesn't move.

Gliding- moving the cups around the area with the aid of massage oil/cream to increase movement of the cups.

Functional Release Cupping (FRC)- Is using cups and functional movement to have a positive change in efficient movement.

Risks: Burns from using flame and methylated spirits or other accelerants ignited with traditional glass cupping

Skin infection

Skin discolouration with bruise like marks which fade over days, weeks.

May worsen eczema or psoriasis.

Benefits: stretches and unwinds fascia at the superficial and deep levels

Increases range of movement in tissues

Loosens and releases adhesions.

Relaxes the nervous system.

Relieves inflammation after the acute stage.

Breaks up and expels congestion and toxin.

Increase blood flow.

Suggested after care recommendations:

Drink plenty of water, to help eliminate toxins out of the body.

Avoid showers, steam, sauna, and exercise immediately following **cupping**.

Light stretching and range of motion exercises are beneficial.

Exercise the next day will help increase circulation to aid in fading of cup kisses.

Cupping is generally safe for most people however patients are requested to inform practitioners about conditions such as pregnancy, pacemakers, a history of vascular diseases such as DVT or varicose veins, open wounds, and the use of blood thinners or immunosuppressant medications, recent surgical scars(within 4 months), suffer cardiopathy(heart disease) or haemophilia(ability of the blood to clot is severely reduced, causing the sufferer to bleed severely from even a slight injury), functional kidney or liver illness prior to the treatment., fractures and dislocations, fever.

I recognize that there are contra-indications to massage (e.g Cancer, Heart Problems, Thrombosis, Serious illness etc) and that all the information I have supplied is true and correct. I have read or had read to me the above; I understand the risks involved with massage, dry needling/ Cupping. I have had the opportunity to ask any questions, and all my questions have been answered. My therapist has explained the intended massage treatment and fully understand and consent to the prescribed methods and location/s of treatment, as discussed.

Signature: _____ Date: _____

Print name: