

# CONFIDENTIAL PATIENT HISTORY

Please complete in full and as clearly as possible.

## 1. PERSONAL DETAILS

Surname:

Given Name:

ID Number:

Gender:

Date of Birth:

DD MM YYYY

Occupation:

Tel:

Email:

Home Address

## 2. MEDICAL HISTORY

Are you currently suffering from any physical/mental conditions? Please briefly describe these.

Please briefly describe any previous surgery/hospitalization.

Are you currently on any medication?

Pain Killers

Anti-inflammatories

Blood pressure

Birth control pills

Other:

## 3. HOW DID YOU FIRST HEAR ABOUT US?

### OFFLINE

Another Patient (Who? )  
Employer  
Fitness instructor (e.g. personal trainer)  
Health practitioner (e.g. GP)  
Leaflet

### ONLINE

Official Website ([www.rin spinecenter.com](http://www.rin spinecenter.com))  
Search Engine (e.g. Google/Bing/Baidu/Naver)  
Social Media (e.g. Facebook/Youtube/Instagram)

OTHER:

# CONSENT TO CHIROPRACTIC TREATMENT

I consent to the performance of chiropractic adjustment and other chiropractic procedures including diagnostic x-ray on me (or on the patient named below for whom I am legally responsible) by registered chiropractors who work with Rin Spine & Scoliosis Center.

## The nature, purpose and potential risks of chiropractic treatment

I understand that the results of my chiropractic treatment, as with all forms of healthcare, are not guaranteed or completely free of risk. These risks include, but are not limited to, muscle/joint soreness or strains, headaches, nausea, dizziness, fractures, disc injuries (including disc encroachments/ruptures), nerve irritation and referred symptoms, strokes (or like episodes), incapacity, aggravation or exacerbation of the underlying condition. Such risks may result in a need for further testing, outside referral or something similar.

I understand that I will have (or have already had) an opportunity to discuss the nature and purpose of chiropractic procedures with the chiropractor and/or clinic staff.

## Reliance on the chiropractor

During the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment, I wish to rely on the chiropractor to exercise his/her best professional judgement at all times and act with my best interest in mind. I do not expect the chiropractor to be able to anticipate or explain every risk or complication that can occur.

## Consent

I have read, or have had read to me, the above areas related to consent.

I understand that I will have (or have already had) an opportunity to ask questions about the consent I am giving and that I can withdraw my consent at any time by contacting Rin Spine & Scoliosis Center.

By signing below, I consent to all the above-named procedures.

\_\_\_\_\_  
Full name of patient

Signature of patient (or legal guardian)

Date

### How to add a digital signature:

1. Download free Adobe Acrobat Reader DC (<https://get.adobe.com/reader/>)
2. Save this file and open in Adobe Acrobat Reader DC
3. Select: Tools > Certificates > Open > Digitally Sign
4. Drag a box where you'd like to your signature to appear
5. Follow the on-screen instructions.

# NOTES ON INSURANCE CLAIMS

If you intend to claim back treatment fees from your insurance provider, it is your responsibility to ensure you understand and follow the terms of coverage and the claims submission process for your individual insurance provider and policy.

Every insurance provider and policy is different.

Rin Spine & Scoliosis Center takes no responsibility for advising on, handling or submitting insurance claims. We are, however, happy to provide treatment receipts for all treatment sessions you attend.

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## COMMON REQUIREMENTS FOR CLAIMS:

1. **A referral letter from a General Practitioner (GP)**
  - a. Some insurance providers require **a written referral from a GP**. If this applies to you and you wish to make a claim, you should consult your GP before consulting a chiropractor. In these cases, the GP is often required to assess whether your condition is a chiropractic case before they can refer you to us for treatment.
  - b. Most insurance policies require **a diagnosis** to be included in the treatment receipt. If referral from a GP is required, the diagnosis from the chiropractor must reflect the diagnosis made by the referring GP – not the other way around.
  
2. **A treatment receipt from the Registered Chiropractor**
  - a. Most insurance policies require that the **date** of your visit to the GP (and referral letter) is before the date of your chiropractic treatment (and treatment receipt) in order to make a valid claim.

**NOTE:** Neither GPs nor Registered Chiropractors are permitted to change information such as the diagnosis or date on a referral letter or treatment receipt. It is a serious offence to alter clinical information and such cases can lead to licenses being suspended or revoked.