

Hands on...

Initial Consultation



- Circular Quay
- Winston Hills
- Leura

DATE: ____ / ____ / ____

TITLE: _____ SURNAME: _____

FIRST NAME: _____ PREFERRED NAME: _____

POSTAL ADDRESS: _____

POSTCODE: _____

D.O.B: ____ / ____ / ____

AGE: _____

SEX: Female / Male

PHONE: (H): _____

(W): _____

(MOB): _____

(EMAIL): _____

NO. OF CHILDREN: _____

MARITAL STATUS: _____

OCCUPATION: _____

DUTIES INCLUDE (Please tick as many as apply):

- | | | | |
|-----------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Physical Labour | <input type="checkbox"/> Light Duties | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Standing | <input type="checkbox"/> Sitting at desk | <input type="checkbox"/> Other |

REFERRED BY: (If someone had recommended you to us, please let us know as we would like to thank them)

- | | | |
|----------------------------------|-------------|---------------------------------------|
| <input type="checkbox"/> PATIENT | NAME: _____ | <input type="checkbox"/> YELLOW PAGES |
| <input type="checkbox"/> FAMILY | NAME: _____ | <input type="checkbox"/> STREET SIGN |
| <input type="checkbox"/> FRIEND | NAME: _____ | <input type="checkbox"/> OTHER |

Hands on...is located in 3 areas of Sydney for you your family and friends convenience.

We offer you a range of health services to assist you in your health journey. Please indicate areas of interest:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Chiropractic healthcare | <input type="checkbox"/> Gut Detoxification | <input type="checkbox"/> Exercise education | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Personal health retreats | <input type="checkbox"/> Whole body care | <input type="checkbox"/> Nutritional advice | <input type="checkbox"/> Herbs vitamins lifestyle |
| <input type="checkbox"/> Massage and body work | <input type="checkbox"/> Sand play therapy | <input type="checkbox"/> Stress management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Preconception pregnancy | <input type="checkbox"/> Emotional release | <input type="checkbox"/> Health education | _____ |



The health care professionals at hands on offer a health coaching approach working with each individual to achieve their goals. We like to understand the person, not just the problem. Please assist us with the following details:

Your EXERCISE HEALTH (type of sport/ weekly routines /type of training / specific injuries/ known weaknesses):

Your WATER intake (daily): _____ glasses

DIET _____

ALCOHOL: Yes No Per day: _____

CIGARETTES: Yes No Per day: _____

Current Health Problems: _____

Office use: _____

I would like help for: *(A specific issue such as headaches, leg pain, dizziness or area of concern generally)* _____

(draw the problem here if that helps your description)

WHAT WOULD YOU LIKE THIS PRACTICE TO HELP YOU ACHIEVE? _____

SYMPTOMS/CONDITIONS:

Please indicate which of the following are (or have ever been) relevant to you:

- Arthritis Depression Heart Ailments Neck or Spine Injury Painful Urination/Bowel
- Asthma Diabetes Headaches Loss of Balance Psoriasis
- Buzzing in ears Dizziness Herpes Nervousness Shingles
- Cancer Eczema High Blood Pressure Numbness Sinusitis
- Claustrophobia Epilepsy Infectious conditions Osteoporosis Skin Disorders
- Clicking jaw Fatigue Insomnia P.M.S. Thyroid
- Cold/Flu/Fever Fluid Retention Joint Replacements Painful Deep Breath Varicose Veins
- Dentures/Braces Hay Fever Kidney Ailments Painful Sneeze/Cough Weight loss/Gain

GENETICS - FAMILY HISTORY:

Your health potential will reflect your genetic predisposition and tendencies. We prefer to identify any potential weaknesses.

Please tick and provide details below:

- Heart Problems Depression Diabetes Cancer Hayfever
- Thyroid Allergies Asthma Sinusitis Other

| Family Member | Health Issue | Other |
|---------------|--------------|-------|
| | | |
| | | |
| | | |
| | | |

SPECIFIC HISTORY:

Do you relate your problems to any event or injury? Yes No

Please explain: _____

Have you sought treatment to date? Yes No

What sort of treatment? _____

What type of practitioner? _____

What explanation/diagnosis did they give? _____

What activities aggravate your present condition? _____

What activities relieve your symptoms? _____



Have you EVER had a personal accident/injury e.g. football, trees, roofs, swimming pools, gymnastics, horses, bikes, moving house, gymnasium, school age, childhood, cars, bikes, ladders Yes? _____ Approx ages ? _____

Please explain: _____

For a thorough background and history please recall any other early infancy/ childhood/school age/adult incidents
Family relationship changes (include year): _____

Operations (include year): _____

Sicknesses (include year): _____

Healthcare professionals you currently see:-

| Profession | Name | Phone Contact | Last appointment |
|------------|------|---------------|------------------|
| | | | |
| | | | |
| | | | |

SPINAL XRAYS:

Have you ever had spinal xrays? Never More than 2 years ago Less than 2 yrs ago
 Other _____
 Comments _____

MEDICATION AND SUPPLEMENTATION THAT YOU TAKE:

If you are currently on any medication, from prescribed drugs, vitamins, herbs, aspirin, antibiotics, panadol, nutritional tablets and powders or any other 'health regime' the chiropractors needs to know .I Please provide product names and purpose with all details(dosage/frequency/length of time/self prescribed or other practitioners prescription)_____

FEMALE ONLY:

Date of last period: _____ / _____ / _____ Contraception: No Yes _____
 PMT: Yes No Menstrual pain/irregularity: Yes No Pregnant: Yes No Other _____

Cash, Cheque, EFTPOS, Mastercard, Visa, Diners and American Express are accepted.

Credit card facility for ongoing credit and supplement regimes/purchases over website

😊😊😊😊 NO ACCOUNTS ISSUED 😊😊😊😊

I understand that no accounts are rendered and my payments will be:

Cash

Cheque

Credit Card

If you have an established workers compensation/accident insurance claim, you are to settle your account with us and send in your receipts to your insurer.

We are happy to offer the HICAPS online claiming service for your convenience if you have private health cover.

The Hands on approach to health care has a 30 year history of clinical practice.

Triad of Health: The Hands on approach has a clinical approach based on the healthy balance of body systems.

- The **physical** health of your skeleton structure may be initially assessed with Xrays and postural photographs.
- The **biochemical** health of your vital body functions are assessed in a range of tests and questionnaires.
- The **mental/ emotional** health of your body is addressed with specific questionnaires and testing procedures.

A comprehensive examination including Xrays may be required. Your examination results will be explained over two reports. All programs of care at Hands on are tailored to your needs and our experience of similar cases; they may involve several to 12 weeks of regular adjustment appointments. Please respect any agreed schedule of visits in achieving your desired health outcomes.

Regular progress examinations (2 to 6 monthly) help us to stay abreast of your health changes. Our team of front desk staff and healthcare professionals provide a collaborative and co-operative approach to your healthcare. Hands on provides self help education, personal health goals and exercise appointments for you to learn more and to be able to help yourself. Your involvement in a tailored program of self help will always achieve the quickest results.

Hands on is a multiple location practice with a team of healthcare professionals. You may choose to see one or more of the available practitioners and your healthcare information will be stored on a central server and transferred via a secure internet connection to each of the practices if and when necessary. There will be appropriate collaborative discussion regarding your program of care within this health care professional. Any data is de-identified before use in ongoing quality assurances and professional research.

You understand that we require at least 24 hour notice for cancellations; if you cancel on the day or fail to show the appointment fee is still charged; remember others may be waiting for an appointment.

The nervous system: The chiropractor is the only healthcare professional who constantly checks each visit the physical health of your nervous system as it is mirrored in your posture, spinal balance and other physical signs.

The nervous system is at the core of your body, deep within the centre of your head (the brain) and its nerves then flow up and down via the spine , co-ordinating to all your limbs ,organ function and responding to the stress in your life. The nerve 'fluid' called the cerebro-spinal fluid (CSF) flows deep within the core of your body as the nervous system delivers co-ordinated healthy feedback mechanisms.

The spinal adjustment: The chiropractic profession has 100 years of established knowledge of the art and science of spinal adjustment. The range of techniques vary from passive whole body postural correction to the traditional chiropractic rotational manipulations known by the sound of a 'cracking' . The choice of adjustments in your health management will depend on your age, stage of ill-health and type of condition presenting. At *Hands on...* our chiropractors work with you in making the choice that is most suitable for you.



The clinical approaches of chiropractic at Hands on :

- 1. Rotatory Manipulation.** This spinal adjustment (known by the 'cracking' noise associated) is the original approach for correction of the spine and related joints. The chiropractor has used this therapeutic application for over 100 years and the public often associate this type of manipulation with chiropractic. It is actually commonly used in osteopathy, some physiotherapy and some medical practices. A rotatory type manipulation (chiropractic adjustment) involves the chiropractor holding the neck or back with their hands and then taking the spine to a comfortably fully rotated position where there is the feel of a 'lock up' of movement. It is from that point that a quickly applied thrust is therapeutically administered to release any tissue that may be preventing the spinal area in focus from having full healthy function.

We do require that you consent to receiving the rotatory manipulation approach of spinal adjustment by signing this form. We also suggest that you are to continue to ask for more education from your chiropractor at *Hands on...* about the appropriateness of Rotatory Manipulation in your chiropractic care ahead.
- 2. Thompson table.** The adjustment of the spine and related regions using the application of a table via hydraulically managed dropping of a cushion (drop piece chiropractic table). The therapeutic direction of the dropping cushion is applied by the chiropractors hands. This approach does not require the chiropractor to hold and rotate the neck or back with their hands; it requires your body to lie on a flat bench of drop piece cushions. There is no discomfort, though the hydraulic cushion does make a 'thud' noise as it is moved and dropped.

We do require that you consent to receiving a Thompson table approach of spinal adjustment by signing this form. We also suggest that you are to continue to ask for more education from your chiropractor at '*hands on...*' about the appropriateness of this approach in your chiropractic care ahead.
- 3. The Activator.** An instrument for therapeutic correction of the spine. This hand held instrument has a soft rubber tip or cushion specifically applied to the point of correction by the chiropractor. This instrument achieves a very fast delivery with a predetermined force that is quite minimally felt at impact; just a 'clapping noise' at the moment of each application.

We do require that you consent to receiving an Activator approach adjustment by signing this form. We also suggest that you are to continue to ask for more education from your chiropractor at Hands on about the appropriateness of this approach in your chiropractic care ahead.
- 4. Postural Whole Body Blocking (WBB).** The Hands on approach may use 'postural wedges' or wooden triangular blocks (from the Sacro-Occipital Technique) positioning the body into its own ideal postural symmetry. The chiropractor will then monitor your body posture with their hands as you relax and breathe deeply. This approach does not require the chiropractor to hold and rotate the neck or back with their hands; it requires your body to lie on a flat bench. The chiropractor will apply minimal finger pressure whilst you relax completely, co-ordinating related points on the head, neck and body to normalise your movement and breathe.

We do require that you consent to receiving the whole body postural approach (WBB) approach of spinal adjustment by signing this form. We also suggest that you are to continue to ask for more education from your chiropractor at '*hands on...*' about the appropriateness of this approach in your chiropractic care ahead.
- 5. Cranial Balancing.** A gentle adjusting approach to the head and related areas. Cranial balancing is a therapeutic approach to promote tissue relaxation and healthy function. The cranial tissues cover the outside the head This approach does not require the chiropractor to hold and rotate the neck or back with their hands; it requires your body to lie on a flat bench. The release of any tension within the area of the head, neck, jaw and shoulder girdle is assessed using finger pressure by the chiropractor. This may also involve a sterile glove on the hand for any required finger pressure release within the mouth e.g. jaw tension



We do require that you consent to receiving the Cranial Balancing approach by signing this form. We also suggest that you are to continue to ask for more education from your chiropractor at 'hands on...' about the appropriateness of this approach in your chiropractic care ahead.

Please complete the following before your consultation

I have read and understand the above and agree for the chiropractor to use spinal adjustments (as outlined above)

- | | | | | |
|----|-----------------------|-----|---|----|
| 1. | Rotatory manipulation | yes | / | no |
| 2. | Thompson table | yes | / | no |
| 3. | Activator | yes | / | no |
| 4. | Whole Body Blocks | yes | / | no |
| 5. | Cranial Balancing | yes | / | no |

In any emergency I would like you to contact my G.P/ family member /friend / other

Name

Phone/s.....Relationship.....

Please sign on completion: _____ Date: ____/____/____
Signature

DECLARATION FOR A MINOR: I, _____ am parent/guardian _____

I hereby consent to my childreceiving care at Hands on.

Signature: _____ Date: ____/____/____

(Relationship e.g. parent/separated/divorced): _____

Other Requests for information/correspondence/privacy

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