

Hands On

Welcome

- Natural
- Health
- Care
- Professionals



- 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... offer a full range of whole health services. Please indicate areas that you are interested in:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Chiropractic healthcare | <input type="checkbox"/> Detoxification | <input type="checkbox"/> Lifestyle education | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> DIY health retreat | <input type="checkbox"/> Whole body care | <input type="checkbox"/> Nutritional advice | <input type="checkbox"/> Herbs and supplements |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Soul journey/sand play | <input type="checkbox"/> Stress management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Preconception/pregnancy | <input type="checkbox"/> Emotional release | <input type="checkbox"/> Health promotion | _____ |



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). If so please explain: _____

For a thorough background history please recall any infancy/early childhood/school age/adult incidences, injuries and illnesses:

Fractures (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

MEDICATION:

Are you currently on any medication (including prescribed drugs, vitamins, aspirin, antibiotics, panadol, etc.)? If so, please provide details including frequency. _____

FEMALE ONLY:

Date of last period: _____ / _____ / _____ Contraception: No Yes _____

PMT: Yes No Menstrual pain/irregularity: Yes No Pregnant: Yes No

PLEASE NOTE: Hands on Sydney requires immediate payment each time of consultation.

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

Credit card account facility is well patronised for minors treatment (visits without parent) and recommended for the busy individual to minimise waiting time during visits to the practice.

☺ ☺ ☺ ☺ NO ACCOUNTS ISSUED ☺ ☺ ☺ ☺

If you have an established insurance claim, you are to settle and send in your receipts

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

Cash

Cheque

Credit

- I understand that this practice is thorough and requires a comprehensive examination including xrays; to give you the best possible care by assessing all information. Your examination results will be explained over two reports. Your initial critical phase that follows involves from 3 to 12 weeks of regular adjustments. Regular progress examinations ensure we are aware of your health needs. You are required to be enabled to help yourself with 2 to 3 educational appointments that will show you how to help yourself along the way back to full health and vitality.
- I understand that as a multiple location practice that my information will be stored on a central server and transferred via a secure internet connection to each of the practices if and when necessary.
- I understand that this practice does not have direct contact with insurance companies. My accounts are arranged fully by me personally.
- I understand that this practice requires at least 24 hour notice for cancellations and that if you cancel on the day or fail to show up a missed appointment fee will be charged. This is out of consideration for others who may be waiting for an appointment. Your cooperation is appreciated.

Chiropractic is recognised as being an effective and safe method of healthcare. Your consultation with the chiropractor at Hands on will discuss the health issues with which you are concerned. The chiropractor will explain the '*hands on...*' approach to your health issues and answer your questions to the best of their ability. However there are risks associated with all healthcare procedures that we are required by law to inform you about.

The Hands on approach is based on the understanding of the relationships between all the systems of your body that keep you healthy. We refer to this as the "Triad of Health":

- The physical health of your skeleton structure may be seen in the analysis of Xrays and postural photographs.
- The biochemical health of your digestive, immune and other vital body function is assessed in a range of tests and questionnaires
- The mental and emotional health of your body is addressed according to your symptoms with specific questionnaires and testing procedures.

The '*hands on...*' approach will constantly seek to understand and maximise the function of your nervous system as this is the system of your body that co-ordinates all healthy body function and delivers your healing and regenerative capacity. The nervous system starts at the core of your body starts from deep in the centre of your brain and flows to all your limbs and organ systems. The vital nervous system 'fluid' is called cerebro spinal fluid (CSF) and it flows within all your nerves up and down your spine in the central canal of the spine.

The '*hands on...*' on approach will assess your body as a whole unit of physical, biochemical and emotional function, and inform you if in our experience you may benefit from this healthcare approach.

The practice of '*hands on...*' will inform and educate you at each step of your care with us.

An understanding of the physical nature of chiropractic as a healthcare approach is required.

The chiropractic profession is the most experienced with 100 years of established knowledge in the art and science of spinal manipulation or spinal adjustment. The physical correction of poor function in the spine and related regions has been developed to accommodate the many different presentations of the spine in an individual. The chiropractic profession has many different approaches to therapeutic correction of the spine depending on the age, stage of ill-health, type of condition presenting.

The Hands on approach has a 30 year history of developing an examination approach with each client that informs and co-operatively decide the best approach for them. The range of techniques vary from the whole body postural correction, light touch only ,to the use of adjusting instruments of less force, to the rotational manipulative approach of 'cracking the bones'.

The choice of one or several of these 'clinical techniques' is possible at '*hands on...*' as our chiropractors are able to work with you making the choice that is most suitable for you.



1. The rotatory manipulation of spinal adjustment is the original approach to a therapeutic correction of the spine. It is a manoeuvre that is practised across many professions today.
The chiropractor is the most established and experienced health professional in its application. The rotatory manipulation of spinal adjustment involves the chiropractor holding the neck or back with their hands and taking the spine into a rotated position focusing on one or several segments of the neck or back. The spine is then therapeutically moved into a point where there is the feel of a 'lock up' or restricted motion. At that point there is a quicker rotational manoeuvre applied to release any tissue that may be preventing the spine at that area from having full function. The chiropractor has used this approach more than any other healthcare professional and therefore the public associate this manoeuvre with chiropractic; it is actually now commonly used in some physiotherapy, medical practices and other healthcare approaches. We do require that you consent to receiving a 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 this approach in your chiropractic care ahead.
2. The Thompson table adjustment is the spinal adjustment or manipulation that uses the application of a hydraulic cushion (drop piece cushion). 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 that has a number of hydraulic cushions. The chiropractor will explain the area to be corrected and that there will be no discomfort, though the hydraulic cushion makes a noise as it drops beneath the area of therapeutic spinal correction.
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 instrument adjustment of the spine allows a therapeutic correction of the spine with a hand held instrument. The hand held instrument has a rubber tip or cushion that is applied to the point of correction. 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 application point is determined by the chiropractor and the force is minimal with a 'clicking noise' heard at each point of application. We do require that you consent to receiving an Activator 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.
4. Postural Whole Body Blocking (WBB). The *'hands on...'* chiropractor will use 'postural wedges' known as Sacro-Occipital Technique Blocks in positioning the body into its own ideal postural symmetry. The chiropractor at *'hands on...'* will then monitor the changes in 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 to some reflex points on the body and head area whilst you 'bend and breathe' (a co-ordinated pattern of movement and breathing). 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 is an approach at *'hands on...'* that seeks to promote a balance in the tissues that comprise the skull; these tissues reflect inside and 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. The release of any tension in the tissues of the jaw and other related areas may involve use of a sterile glove on the hand for the required finger pressure release within the mouth. 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.

There may be some joint and muscular discomfort experienced after the adjustment that may be immediate or in the day or so following you receiving a chiropractic adjustment; this is usually due to the body adapting to the necessary changes in its structure, function and tissues re-modelling processes. These changes may occur during a tissue healing cycle of 6 to 12 weeks depending on the level of swelling and tissue damage at the initial presentation to the chiropractor. It is important to realise that you may feel some slight discomfort particularly during the initial 6 weeks of presenting to the chiropractor; however we insist that you contact the practice immediately if there is any concern about the body discomfort being experienced. Where there is an event of significant concern and you are unable to contact us we ask that you do contact your local hospital for

advice. Rare risks may include but are not limited to dizziness and nausea, fractures, disc injuries (1: 62,000), unexpected aggravation of an underlying complaint and in very rare circumstances the risk of stroke (1: 5.85 million).

Although it is not possible to foresee every risk or guarantee results, our commitment is to take every measure possible to minimise the risk and maximise the benefits and your health recovery process. These steps include a thorough history and consultation regarding all relevant areas of your health concerns; these steps are likely to include neurological and orthopaedic testing as well as specific tests regarding your unique health profile. We do encourage you to take responsibility for your health and wellbeing; to assist you we provide you with as much educational material and relevant information for you to be making informed decisions about your health.

I have read the above information and agree to the above mentioned approaches. I specifically agree to use of the following clinical approaches that have been outlined above (please circle)

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

The practice at Hands On requires cooperation of setting health goals and expectations, please understand that a schedule of adjustments will be a part of your program at Hands On. Hands On will include a tailored program of self help. In our experience the level of your involvement you give in this area of self help results in better health outcomes.

Do you consent to our use of de-identified data from your clinical file? This is only ever used as de-identified data for research and development of the Hands On healthcare practices. Yes/No

If no, please confirm this on your online access to your file at VO-iSite
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, _____ being parent/guardian of _____
hereby consent to my child receiving care at hands on.

Signature: _____ Date: ____/____/____

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

Other Requests for information _____

