



# SHEDDON PHYSIOTHERAPY AND SPORTS CLINIC

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**Oakville Medical Centre** 331 Sheddon Ave., Suite 304. Oakville, Ontario L6J 1X8  
 TEL: (905) 849- 4576 FAX: (905) 849-7856 www.sheddonphysio.com

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First Day Month Year

**Address:** \_\_\_\_\_ **Home Tel:** \_\_\_\_\_  
 City \_\_\_\_\_ **Other Tel:** \_\_\_\_\_

Postal Code \_\_\_\_\_ **\*E-mail:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

*\*By adding your email, we will send you appointment reminders, your home exercises and occasional newsletters – your email will never be shared with any other organization.*

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### Health Questionnaire

1. Date of accident / injury? \_\_\_\_\_
2. Are you taking any medications? \_\_\_\_\_ If yes, please specify \_\_\_\_\_
3. Did you have any X-rays taken for this problem? \_\_\_\_\_ If yes, which areas \_\_\_\_\_  
 \_\_\_\_\_ Do you know the results? \_\_\_\_\_
4. Do you have any of the following: (please check appropriate items)
 

<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Cancer (presently or in the past)
<input type="checkbox"/> Thyroid problem	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Lung problem	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Cardiac problems	<input type="checkbox"/> Headaches
<input type="checkbox"/> Kidney problem	<input type="checkbox"/> Abdominal problem
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Depression
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Allergies
<input type="checkbox"/> Recent, unexplained weight loss	<input type="checkbox"/> Skin problem
5. Have you ever broken a bone? \_\_\_\_\_ If yes, where \_\_\_\_\_
6. Do you have any metal fixations, screws or plates in your body? \_\_\_\_\_
7. In the past have you had any of the following: (please check and explain)
 

<input type="checkbox"/> Major surgeries _____
<input type="checkbox"/> Car accidents _____
<input type="checkbox"/> Work or sport related injuries _____
8. Do you smoke? \_\_\_\_\_
9. Are you currently working? \_\_\_\_\_ If yes, full-time or part-time \_\_\_\_\_
10. For the ladies only --- Are you pregnant? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_

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I hereby confirm that the above information, to be the best of my knowledge, is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Consent to Treatment at Sheddon Physiotherapy and Sports Clinic

I hereby authorize Sheddon Physiotherapy to obtain or release any required information pertaining to my health and rehabilitation. Information may be obtained or released to:

\_\_\_\_\_ Family Physician \_\_\_\_\_ Insurance Company (if MVA) \_\_\_\_\_ Employer (if WSIB)

I give my consent to treatment at Sheddon Physiotherapy and Sports Clinic. I understand the treatment may change at the therapist’s discretion, and I am also aware of my right to withdraw my consent to treatment at any time.

If WSIB or MVA does not accept my claim, I will be responsible for all treatment payments from intake.

Date \_\_\_\_\_

\_\_\_\_\_  
Print patient / guardian name

\_\_\_\_\_  
Signature of patient/guardian

\_\_\_\_\_  
Print name of witness

\_\_\_\_\_  
Signature of witness

## **Informed Consent to Spinal Manipulative Therapy**

**Doctors of Chiropractic, Medical doctors and Physiotherapists** who use manual therapy techniques such as spinal adjustments (manipulations) are required to advise patients that there are some risks associated with such treatment. In particular, you should note:

- a) **While rare**, some patients have experienced muscle strain, ligamentous sprain and rib fracture following spinal adjustments (manipulation)
- b) There have been reported cases of injury to the vertebral artery (blood vessel located in the neck) following adjustment (manipulation) to the neck (cervical spine). Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment. The possibility of such injuries resulting from neck spinal adjustment (manipulation) is extremely rare and occurs almost entirely in the top-most region.
- c) There have been rare reported cases of disc injuries following neck or low back spinal adjustment (manipulation). However, scientific study has not supported that such injuries are caused or may be caused, by spinal adjustments.

Chiropractic and Physiotherapist treatment, including spinal adjustment (manipulation) has been the subject of government reports and multi-disciplinary studies conducted over many years. These reports and studies have demonstrated treatment to be effective for spinal pains, headaches and other similar symptoms. These treatments may contribute to your overall well being. The risk of injuries or complications from treatment is substantially lower than that associated with the other treatments, medications and procedures given for the same symptoms.

I acknowledge, I will discuss or have the opportunity to discuss, with therapist, the nature and purpose of treatment in general and my treatment in particular as well as the content of the Consent.

I consent to the Chiropractic or Physiotherapy treatment offered or recommended to me by my therapist including spinal adjustment (if warranted). I am of legal age to give consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_