

## **Thank you for downloading the Mullumbimby Chiropractic Pre-Care information sheet.**

Please read the information below carefully to ensure that you get the most out of your visit at Mullumbimby Chiropractic.

### **Basic Housekeeping**

- \* We do our best to run on schedule, yet each case is assessed and treated differently and sometimes longer consultations are required. Please be patient with our staff if this is the case. If your schedule is very tight please call us ahead of time and let us know.
- \* Please ensure that your mobile phone is switched off or on silent.
- \* Our staff will usually try to send you a reminder SMS for your appointment. Please do not rely on this though.
- \* If you cannot make it to an appointment please ring the clinic as soon possible.

**No missed appointment fee will be charged with a notice of more than 24 hours.** The more notice we receive the fewer the problems it creates for our other clients.

\* Payment is required at the time of consultation. If you are unable to make payment please call us ahead of time to discuss your options. If yours is an insurance case please call us ahead of time to discuss what steps must be taken before treatment for application of your 3rd party cover.

\* Please keep us informed with regards to any changes to your address and phone number so that we can easily contact you.

### **Please bring the following to your consultations at Mullumbimby Chiropractic:**

1. Any x-rays or recent medical reports
2. Any treatment notes from previous practitioners
3. Your full medical history. It may be helpful to write this out on a piece of paper ahead of time if you need more space than that provided on our form.
4. Clothing that you are comfortable in and that allows free movement. **Please do not wear jeans.** If you would like to receive soft-tissue work with your treatment please wear underwear or bike shorts that you are comfortable to change down to.

### **To get the most out of your visit, please make sure that:**

1. You have a read of this first page and make sure you agree with, and understand, all of the information.
2. You fill-out the New Patient Information Sheet on the next page.
3. You have read the consent form on the following page. By law all practitioners (whether they are Chiropractors, GP's, Surgeons or Massage Therapists) have to obtain informed consent before any treatment is given. This does **not** mean that you are signing a waiver for any of your legal rights, it simply means that you have given us permission to treat your condition with Chiropractic adjustments and techniques.
4. You have read the Clinic's Agreement Form on the last page of this document.

Please **do not** sign the informed consent page until you have discussed its content with the chiropractor.

# **Frequently Asked Questions**

## **What is Mullumbimby Integral Health?**

Mullumbimby Integral Health is a collaborative approach between Chiropractic, Massage Therapy, Personal Training and rehabilitation to ensure results quickly, and teach you the necessary skills you need to manage your own musculoskeletal health.

## **What differentiates us from other clinics in the area?**

The approach at Mullumbimby Integral Health is to focus on “Active Care” where the patient plays an essential role in their return to health with exercises and lifestyle changes. Massage therapy plays a vital role in this by breaking up long-standing muscle adhesions and patterns of tension, and training lymphatic systems.

Unfortunately modern Chiropractic treatment seems to be ridden with what we refer to as “Passive Care” in which we, the practitioners, do all the work. This may leave you feeling great for while but inevitably, without active maintenance on your own behalf, your symptoms and pain will likely return after a few weeks.

## **What are our ethics?**

We abide by a strong sense of professional ethics. Our practitioners are experienced, well-qualified, insured and members of their relevant associations (the Chiropractic Association of Australia, Australian Association of Massage Therapists and Fitness Australia).

We aim to get the best result for you in the minimum number of visits. You will not receive unwelcome follow-up calls or be pressured with regard to your personal choices.

## **What is the difference between Chiropractic and Osteopathy?**

The main difference is of philosophy.

Both professions are highly trained in musculoskeletal medicine, requiring a minimum of 5 years study at University.

Chiropractic focuses specifically on the importance of the nervous system. A good chiropractor’s goal is to identify (as specifically as we can) where interference in the nervous functioning of the body is located and use specific adjustments to reset the normal neural tone.

The specificity of the adjustment makes the chiropractic unique in its approach.

## **What can I expect on my first visit?**

We will need to run through a full medical history. Afterwards certain orthopaedic tests will assess your range of motion and joint movement. We will try to treat on the first visit unless your condition is exceptionally complicated and the full consultation time is required for assessment (usually 45 min).

X-rays can be of great benefit but our policy is to only order them in case of a clinical indication.

# MULLUMBIMBY CHIROPRACTIC

## Confidential Patient History Please Print

Would you like to receive our  
monthly Newsletter via email?  
Yes  No

### PATIENT DETAILS:

Email.....  
Name: ..... D.O.B.....  
Address: ..... HOME PHONE.....  
Occupation: ..... WORK PHONE.....  
Marital Status: ..... **MOB PHONE**.....  
Health Fund: ..... Workers comp Y/ N.....  
Previous Chiropractor: ..... Your G.P.....  
Any Previous X Rays: ..... Present Medication(s):.....  
Signature ..... Date .....

(Applicant or Parent/Guardian)

### COMPLAINT HISTORY:

What is Your Present Complaint?

.....  
.....

Any other problems ? .....

How Long Has It Bothered You? .....

Cause: .....

Is Problem Getting: Worse  Better  Same

Have You Had This Problem Before? Yes  No

If Yes When? .....

Previous Treatment: .....

.....

Please describe the pain? E.G dull, sharp, numb

.....

.....

### Medical History

Fractures.....

Surgery.....

Other Hospitalisations.....

Car Accidents.....

Bad/falls injuries.....

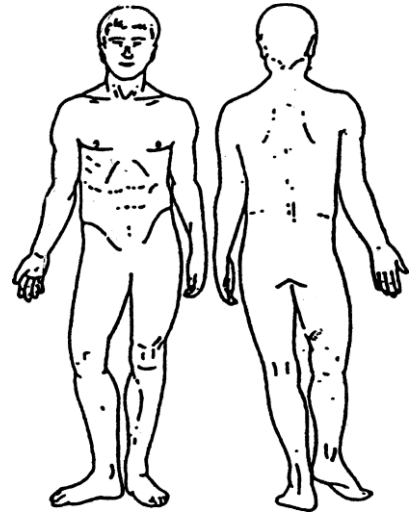
Other Medical problems .....

.....

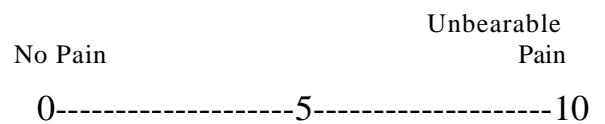
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Please Mark Problem Areas  
On Diagrams Below



PAIN SCALE



How did you find out about this clinic?.....

.....

Is there anything else you feel important for us to know?

.....

.....

.....

.....

# WELCOME TO MULLUMBIMBY CHIROPRACTIC CENTRE

When performed by a qualified chiropractor, spinal manipulation (adjustment) is an effective and safe method of treatment for many painful conditions.

There are, however, risks associated with any treatment and we are required to inform you of these regardless of how small the risk may be. Please read the following carefully, and write down any questions you may have.

I hereby request and consent to the performance of chiropractic treatment by any registered chiropractor authorised by the Principal of the MULLUMUMBIMBY CHIROPRACTIC CENTRE. I have had the opportunity to discuss the nature and purpose of chiropractic treatment.

I understand that results are not guaranteed.

I understand and have been informed about the fact that, as in the practice of medicine, in the practice of chiropractic there are some very slight risks to treatment, including, but not limited to, muscle and joint soreness, muscle strains, joint sprains, fractures, disc injuries, nerve injuries, stroke and stroke-like episodes.

I do not expect the chiropractor to be able to anticipate and explain all risks and complications. I wish to rely on the chiropractor to exercise judgement during the course of the treatment which the chiropractor feels, based on the facts known at that time, is in my best interests.

I hereby give authorisation to my practitioner to share my clinical information with other Health Care professionals when deemed necessary.

I have read the above, and have also had the opportunity to ask questions about its content.

The signing of this consent form will cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw consent at any time.

-----  
Chiropractor

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Patient's Signature

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Signature

-----  
Date

**MULLUMBIMBY CHIROPRACTIC AND HEALTH CENTRE CLINIC  
AGREEMENT**

- If it is necessary to cancel or reschedule your appointment we require that you call by **11 a.m. one working day in advance.**
- **Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely chiropractic care. Failure to do so will result in a \$20 fee.**
- If you fail to attend your scheduled appointment, you will be also charged a \$20 cancellation fee. Further missed appointments may incur the full fee.
- Whilst we attempt to send reminder SMS notifications about your appointment, this should not be relied upon and it remains your responsibility to remember and uphold your appointment. You do not need to respond to this message unless you are unable to make your appointment.
- If you experience an adverse reaction, please call the clinic. If you need to cancel an appointment please provide the reason for doing so.

I have read and understand the agreement for Mullumbimby Chiropractic and Health Centre.

.....

Chiropractor

.....

Signature

.....

Patient's Signature

.....

Date