

List all X-Rays, CT & MRI procedures in past 2 years (approximate date(s) & locations done), related to your primary health concern

1. _____
2. _____
3. _____

List all past or current history of major illness and date of diagnosis even if fully recovered (including cancer, diabetes, heart disease, stroke, etc.)

1. _____ /Date: _____
2. _____ /Date: _____
3. _____ /Date: _____
4. _____ /Date: _____
5. _____ /Date: _____

List all past and currently scheduled medical procedures (surgery, injections)?

Please list any major medical procedures (surgeries, prosthetics, fusion, trauma): _____

List any spinal trauma (whiplash, fracture, injuries, instability): _____

Please list any current medication you are taking and for what reason: _____

Any other helpful information: _____

I, _____ declare that the above information
Please print name

is true and accurate to the best of my knowledge. I understand that the above information will be used to assist the staff at **Calgary Spinal Decompression Center (CSDC)** to determine my eligibility or ineligibility for non-surgical spinal decompression procedures potentially offered at CSDC Inc.

I also understand that completing and signing this form does not obligate **CSDC** or me to any further treatment or services. I further understand that this consultation form does not offer any warranties, contracts or opinions regarding any of my disclosed information, and my case.

As a matter of disclosure and liability, I further understand that **CSDC** is a chiropractic business entity directly affiliated with the CENTRE FOR CHIROPRACTIC CARE which are owned and operated by Alan M. Chong Professional Corporation.

I have read and understand the above statements of disclosure, and I consent to being examined by the clinical staff at **CSDC**.

Dated this ____ day of _____, 20__.

Patient Signature

Signature of Witness

Patient Name Printed

Witness' Name Printed