

# CHIROPRACTIE

---

## DRACHTEN - GRONINGEN



J.M. Pahl Ph.Ed.(Hon) D.C.  
Doctor of Chiropractic  
Canadian Memorial  
Chiropractic College

Here you can find the New Patient Form that you can fill in before your first visit to our practice. Could you please fill it in, sign it and bring it with you on your first visit.

The duration of a first appointment is approximately 30-45 minutes. During this visit there will be an intake and a physical examination. Based on your medical history and the physical examination, the chiropractor will put together a treatment plan for you. During the second visit you will receive this information on paper and you can discuss it with the chiropractor. Regular appointments are approximately 10-15 minutes.

We friendly request that you bring a towel with you to cover the treatment table.

**Prices: New patient appointment € 74,00**

**Regular appointment € 60,00**

### Further information

- Patients or parents of our little patients, can pay for the treatment directly afterwards. You can pay with cash or with your bankcard. The assistant will give you a receipt which you can send to your insurance company. Most insurance companies cover chiropractic in their extra packages. Our practices, Chiropractie Drachten and Chiropractie Groningen are members of the NCA (Nederlandse Chiropractoren Associatie) and the SCN (Stichting Chiropractie Nederland). This is usually a prerequisite to have your treatments covered by the insurance company.
- If you have to postpone your appointment or cancel your appointment, please do this a minimum of 24 hours ahead of time. If you cancel too late, then unfortunately we will have to send you a bill for the allotted time.

The practice in Drachten is situated next to the city hall, on the Gauke Boelensstraat 4a. You can find us on the ground floor, underneath the dental practice TOSK. If you come by car, follow the signs to the city centre. You can park in front of the practice or on the otherside of the road on the Kyrat Onoplein (both paid parking).

The practice in Groningen is located on the Eendrachtskade NZ 23. You can park in front of the practice (paid parking) or around the corner (paid parking). There is also a parking garage (Parkeergarage Westerhaven) close by if you would like to stay and shop in Groningen after your visit with us.

Sincerely,  
Team Chiropractie Drachten en Groningen

# New Patient Form

# Chiropractie Drachten-Groningen

Initials: .....  
Maiden name: .....  
First name: .....  
Last name: .....  
Date of birth: .....  
Address: .....  
Postal code: .....  
City: .....  
Telephone home: .....  
Telephone work: .....

E-mail address: .....  
Referred by: (family)doctor / family / friend / other.....  
BSN number: .....  
Number of children: .....  
GP: .....  
City of your GP: .....  
Occupation: .....  
Are you currently working: yes / no .....  
Hobbies / Sports: .....

## What is your main complaint:

.....  
.....  
.....

## When did this complaint start:

.....  
.....

## How did it arise:

- ☐ Gradually  
☐ Alternating presence  
☐ Constantly present  
☐ Suddenly  
☐ Alternating presence  
☐ Constantly present

## Is there radiation in:

- ☐ Arm left / right  
☐ Leg left / right

## Gets worse when you:

- ☐ sit  
☐ walk  
☐ stand  
☐ bend over  
☐ lie down  
☐ move  
☐ move your head  
☐ cough or sneeze  
☐ other activities / positions  
.....

## Decreases with:

- ☐ sitting  
☐ walking  
☐ standing  
☐ bending over  
☐ lying down  
☐ moving  
☐ other activities / positions  
.....

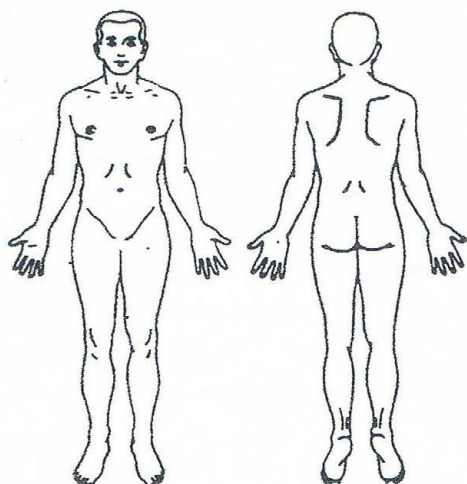
## Experts

*Have you been treated for these complaints by:*

Chiropractor.....  
Doctor .....  
Physiotherapist.....  
Postural therapist .....  
Manual therapist.....  
Podiatrist .....  
Neurologist .....  
Rehabilitation physician .....  
Rheumatologist .....  
Acupuncturist.....  
Surgeon .....  
Pain Team .....  
Homeopath .....  
Orthopedic surgeon.....  
Psychologist .....  
Alternative healer .....  
Other.....  
.....

## Your medical situation

Indicate where the complaint is:



past problems  
current problems  
↓ ↓  
**Muscles and joints**

- ☐ Neck  
☐ Between the shoulders  
☐ Lower back  
☐ Tailbone  
☐ Groin L / R  
☐ Hip L / R  
☐ Leg L / R  
☐ Knee L / R  
☐ Foot or heel L / R  
☐ Shoulder L / R  
☐ Arm L / R  
☐ Elbow L / R  
☐ Hand L / R  
☐ Wrist L / R  
☐ Fingers L / R  
☐ Ribs L / R  
☐ Joint inflammation  
☐ Gout  
☐ Arthritis

past problems  
current problems  
↓ ↓  
**General**

- ☐ Headache  
☐ Migraine  
☐ Dizziness  
☐ Fainting  
☐ Tinnitus L / R  
☐ Insomnia  
☐ Fatigue  
☐ Nervousness  
☐ Allergies  
☐ Depression  
☐ Facial pain L / R  
☐ Poor appetite  
☐ Ear / nose / eye complaint  
☐ Throat complaint  
☐ Sinusitis  
☐ Deafness L / R  
☐ Ear infection L / R

*past problems*  
*current problems*  
**Heart and blood vessels**  
☐ ☐ Heart problems  
☐ ☐ Stroke  
☐ ☐ High blood pressure  
☐ ☐ Low blood pressure  
☐ ☐ Varicose veins L / R  
☐ ☐ Poor circulation  
☐ ☐ Swelling in the ankles L / R  
☐ ☐ Anemia

**Respiratory**  
☐ ☐ Difficulty breathing  
☐ ☐ Asthma  
☐ ☐ Bronchitis  
☐ ☐ Pneumonia  
☐ ☐ Emphysema  
☐ ☐ Hay fever  
☐ ☐ Chest pain  
☐ ☐ Chronic cough  
☐ ☐ Coughing up blood  
☐ ☐ Coughing up mucus

*past problems*  
*current problems*  
**Stomach and intestines**  
☐ ☐ Stomach  
☐ ☐ Ulcer  
☐ ☐ Appendicitis  
☐ ☐ Gall bladder  
☐ ☐ Liver problems  
☐ ☐ Constipation  
☐ ☐ Diarrhea  
☐ ☐ Vomiting  
☐ ☐ Hemorrhoids  
☐ ☐ Flatulence  
☐ ☐ Bladder  
☐ ☐ Kidney  
☐ ☐ Prostate  
☐ ☐ Incontinence

**Skin**  
☐ ☐ Itching  
☐ ☐ Eczema  
☐ ☐ Bruising  
☐ ☐ Dry skin

*past problems*  
*current problems*  
**Women**  
☐ ☐ Menopause  
☐ ☐ Menstrual cramps  
☐ ☐ Back pain during menstruation  
☐ ☐ Irregular menstruation  
☐ ☐ Excessive blood loss  
  
☐ Have you had a miscarriage?  
☐ Are you possibly pregnant?  
☐ When was your last menstruation?.....

**Miscellaneous**  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**Conditions**  
☐ Angina Pectoris  
☐ Alcoholism  
☐ Epilepsy  
☐ Cancer  
☐ Multiple sclerosis  
☐ Polio  
☐ Meningitis  
☐ Rheumatism  
☐ Tuberculosis  
☐ Diabetes  
☐ Mononucleosis  
☐ Thyroid problems  
☐ Other: .....  
 .....

**Dental conditions**  
☐ Teeth grinding, clamping day and / or night  
☐ If you wear dentures: whole or partial?  
☐ Fatigued feeling in the jaws  
☐ Do you have crowns?  
☐ Do you have a bridge?  
☐ Does your jaw sometimes make a popping sound?  
☐ Have you had braces?

**Do you use:**  
☐ Orthotics  
☐ Heel filler L / R  
☐ Other  
**How do you sleep:**  
☐ Back  
☐ Side  
☐ Belly  
☐ Alternating  
**How old is your mattress:**  
 .....  
**Is your mattress comfortable:**  
☐ Yes  
☐ No

Date of your last tests	< 6 mnth.	6-18 mnth.	> 18 mnth.	never
Urine test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Habits	excessive	normal	few	not
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accidents:.....  
 Fractures:.....  
 Operations:.....  
 Hospital admissions: .....  
 Mental illness: .....  
 Medication you take and why: .....  
 Dietary supplements:.....

**Where and how are you insured:**  
 Basic / Additional .....

**May we save your medical file?**  
 Yes / No

**May we inform your GP?**  
 Yes / No

**Signature:** .....

**Date:** .....

## Informed Consent for Chiropractic Treatment

### The Netherlands' Chiropractors Association (NCA)



# NCA

Nederlandse  
Chiropractoren Associatie

Your chiropractor is a member of the NCA. This association has a policy regarding the treatment you undergo by your NCA chiropractor. In this perspective we ask you to carefully read this form. If you don't have any questions, please sign it. If you do have questions, you can discuss these with your chiropractor.

With this form we inform you about the benefits, possible side effects and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

#### Chiropractic treatment

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body. Chiropractors also master soft-tissue techniques such as massage and trigger point therapy, and other forms of therapy including exercise, postural advice and nutritional advice.

#### Benefits

Chiropractic treatment has been scientifically demonstrated to be effective for complaints of the musculoskeletal system. Treatment by your chiropractor can relieve pain - including neck and back pain - headache, altered sensation, muscle stiffness and spasm. The treatment can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

#### Possible risks

Chiropractic is very safe form of care. The risk of ill effects is quite low. However, they do sporadically occur and it is important that you are familiar with these before you consent to treatment. The side effects associated with chiropractic treatment vary according to each patient's condition as well as the type of treatment. The possible side effects include:

- Sometimes: Temporary worsening of symptoms. Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- Rare: Sprain or strain. Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Quite rare: Rib fracture. While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of some weeks without further treatment or surgical intervention.
- Very rare: Aggravation of a herniated disc. Serious complications are rare in chiropractic. Therefore it is often not possible to determine if a worsening of symptoms is due to a treatment or the natural cause of the disc issue. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

● **Extremely rare: Stroke:** In extremely rare instances, a person may have a dissection of a blood vessel (artery). Dissection is a separation of the interior wall from the outer wall of the artery. In the most severe form, this can result in a stroke with a number of outcomes, including impairment and death. A dissection is often undetectable before any stroke-like symptoms occur. Many common activities of daily living involving ordinary neck movements (coughing, sneezing, looking at the sky, doing sports and neck manipulation) have been associated with stroke resulting from damage to an artery in the neck. According to the current literature these movements do not cause dissection – the underlying reason is unknown.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently: 1 in 1 million or less (0,0001%). Current scientific evidence has established that chiropractic treatment does not increase risk of damage to an artery or stroke.

### **Alternatives**

Your chiropractor is accomplished in a number of different techniques to suit your specific treatment goals. These include manipulation, mobilization, activator, trigger point therapy, exercises etc. A treatment plan will be discussed with you. If you have any questions about the techniques your chiropractor uses, feel free to ask about them. Naturally, you can always consider not undergoing treatment. Alternatives to chiropractic care may include (pain) medication or referring to other health care professionals.

### **Questions or Concerns**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

- ✓ I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan.
- ✓ I understand the nature of the treatment to be provided to me.
- ✓ I have considered the benefits and risks of treatment, as well as the alternatives to treatment.
- ✓ I hereby consent to chiropractic treatment as proposed to me.

Place/Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of patient (or legal guardian)