



Dr. Larry Smith D.C., B.P.E.

CHIROPRACTOR

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PO Box 307, 255 Island Highway East, Parksville, BC V9P 2G5

PRE-CONSULTATION FORM

PATIENTS NAME: _____ **DATE:** _____

- 1) Reason for today's consultation - Please describe your major complaint and if you are in pain, where is the pain?**

- 2) How long have you had this condition?**

- 3) Have you received any treatment for this condition? Physiotherapy, massage, medication or ..?**

- 4) What activity(ies) do you miss doing the most because of this condition?**

- 5) Are you being treated now for any other medical condition(s) such as high blood pressure, diabetes, cholesterol etc?**

- 6) Have you seen a Chiropractor before? If yes, what were the results?**

PLEASE SEE REVERSE

GRASTON TECHNIQUE QUESTIONNAIRE

In addition to regular chiropractic adjustment techniques, Dr. Larry may utilize the Graston Technique for soft tissue work. GT is a form of treatment used to "breakup" or "soften" scar tissue, thus allowing for the return of normal function in the area being treated.

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|---|------------|-----------|
| <i>Do you bruise easily?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you bleed for a long time after cutting yourself?</i> | <i>YES</i> | <i>NO</i> |
| <i>Are you taking blood thinners or anticoagulants?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you take aspirin on a regular basis?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you take cortisone on a regular basis?</i> | <i>YES</i> | <i>NO</i> |
| <i>Have you ever had inflamed veins or blood clots?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you have surgical implants in your body?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you have diabetes or kidney disease?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you currently have any infections?</i> | <i>YES</i> | <i>NO</i> |
| <i>Do you have uncontrolled high blood pressure?</i> | <i>YES</i> | <i>NO</i> |

To our MSP assisted clients: *Please be advised that should MSP deny your claims due to non-qualification or being over your 10 subsidized visits per year, you will be responsible for paying this amount and will receive an invoice from our office. We thank you for your understanding.*

**Please cancel your appointment 24 hours in advance in which case no charge will be made.*

**Unfortunately we are not able to accept Worksafe BC claims and we do not direct bill ICBC.*

Signature