

Authorization of Care

I authorize and agree to allow the Doctor to work with my spine through the use of spinal adjustments and rehabilitative exercises for the sole purpose and structural restoration of normal biomechanical and neurological function.

I understand that I am responsible for all fees incurred for the services provided, and agree to ensure full payment of all charges.

The Doctor will not be held responsible for any health conditions or diagnoses which are pre-existing, given by another health care practitioner, or are not related to the spinal structural conditions diagnosed at this clinic.

I also clearly understand that if I do not follow the Doctors specific recommendations at this clinic that I will not receive the full benefit from these programs, and that if I terminate my care prematurely that all fees incurred will be due and payable at that time.

I authorize the assignment of all insurance benefits be directed to the Doctor for all services rendered.

Patient's Signature Date Parent/Guardian Date

In Case of Emergency Call:

Name _____

Relationship _____

Work Phone _____

Home Phone _____

Cell Phone _____

Insurance Information

I clearly understand that all insurance coverage, whether accident, work related, or general coverage is an arrangement between my insurance carrier and myself. If this office chooses to bill any services to my insurance carrier that they are performing these services strictly as a convenience for me. The Doctor's office will provide any necessary reports or required information to aid in insurance reimbursement of services, but I understand that insurance carriers may deny my claims and that I am ultimately held responsible for any unpaid balances. Any monies received will be credited to my account.

Patient's Signature Date

Guardian or Spouse's Signature Authorizing Care Date

Name of Insurance Co. Policy #

Address Phone #

Insured's Name Insured's SS#

Relationship to Insured Birthdate

Employer

Who should receive charges on your account?

- Patient Spouse Parent/Guardian Worker's Comp
 Auto Insurance Medicare Personal Health Insurance

THE (POSTURE) CLINIC

The Posture Clinic Dr. Ian Horseman

342 Charlotte St., Peterborough, ON Canada K9J 2V9

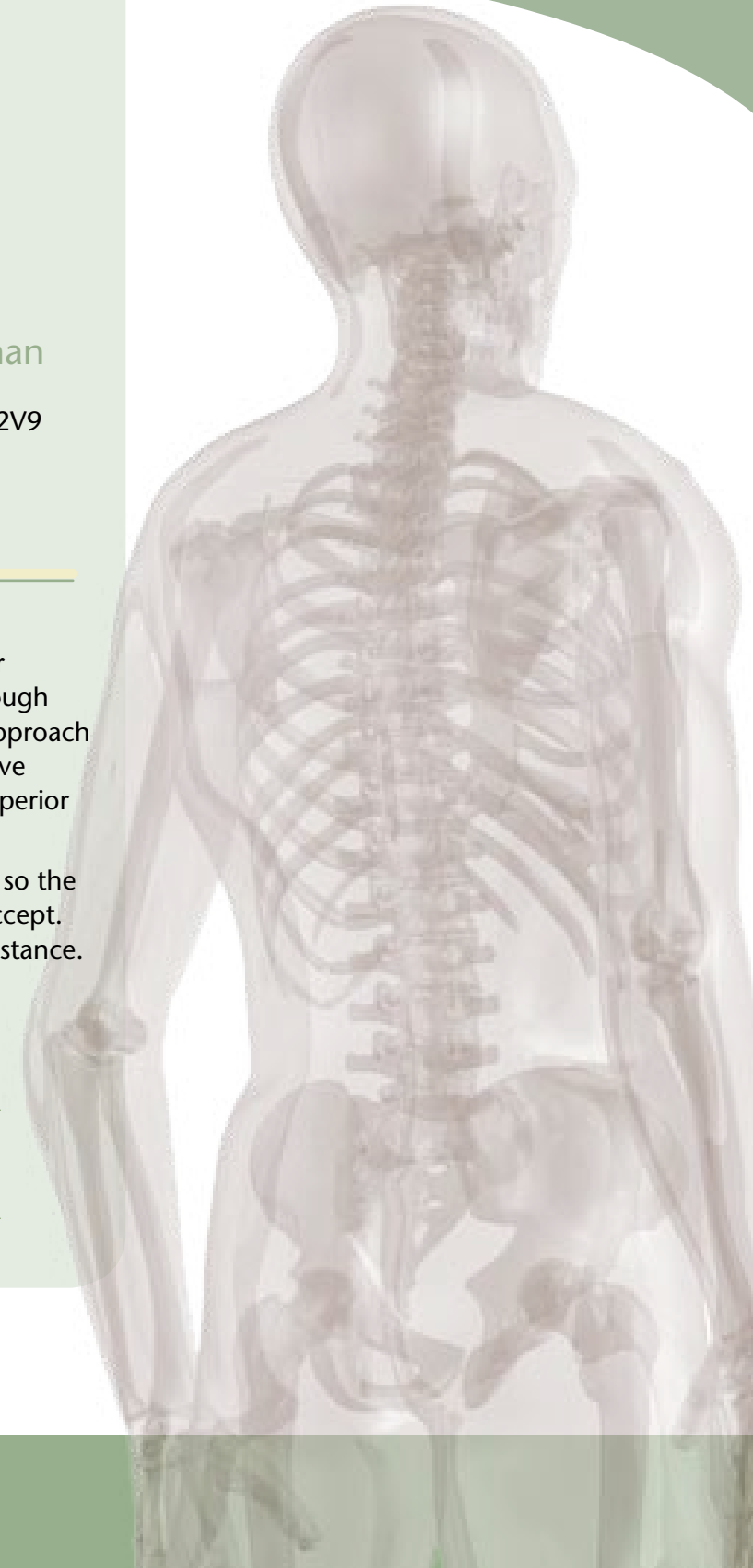
(P) 705-876-7349 • (F) 705-876-8807

Welcome to our clinic. We specialize in assisting our patients to achieve their highest level of health through our spinal and postural corrective programs. Our approach is very unique and advanced from other rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept. Please feel free to ask any questions if you need assistance. We look forward to serving you.

Patient Signature

Date



Patient Application Survey

Name _____ Age _____ M/F _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Driver's License # _____

Birthdate _____ Marital Status _____ # of Children _____

Names of Children _____ Ages _____

Do you notice poor postural habits in your children? Yes No

Explain _____

How were you referred to this office? _____

Employer _____ Type of Work _____

Work Address _____ Work Phone _____

Spouse's Name _____ Age _____

Employer _____ Work Phone _____

Type of Work _____ Cell Phone _____

Purpose of this visit

Reason for this visit _____

Is this purpose related to an auto/work injury? Yes No

Describe _____

When did this condition begin/when did you first notice it? _____

Describe _____

What activities aggravate your symptoms? _____

Is there anything which has relieved your systems? Yes No

Describe _____

Have you experienced this condition before? Yes No

Who have you seen for this? _____ What did they do? _____

How did you respond? _____

Experience with Chiropractic

Have you seen a Chiropractor before? Yes No

Who? _____ When? _____

Reason for visits _____

How did you respond? _____

Did you know your posture determines your health? Yes No

Are you aware of any poor postural habits? Yes No

Explain _____

Are you aware of any poor postural habits in your spouse or children? Yes No

Explain _____

The most common postural weaknesses Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse affects on your overall health. Have you ever been told or feel like you carry your head forward?

Yes No

Health Lifestyle

Do you exercise? Yes No How often? _____

What activities? _____

Do you smoke? Yes No How much? _____

Do you drink alcohol? Yes No How much/week? _____

Do you drink coffee? Yes No How many cups/day? _____

Do you take any supplements (ie. vitamins, minerals, herbs)? _____

Health Conditions

Abnormal posture habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called **Subluxations** (sub-lux-a-shuns). It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted **POSTURE**. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental posture distortion is called **Forward Head Syndrome** (a **“hunched forward”** posture starting in the neck and progressively moving down your spine weakening the entire body). Please check any health conditions you may be experiencing now or in the past.

CERVICAL SPINE (NECK): Postural distortions from **subluxations** (causing **Forward Head Syndrome**), in your neck will weaken the nerves into your arms, hands and head and affect these parts of your body.

Do you experience:

- | | | |
|--|--|--|
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Pain in your shoulders/arms/hands | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Allergies/hay fever |
| <input type="checkbox"/> Numbness/tingling in arms/hands | <input type="checkbox"/> Visual disturbances | <input type="checkbox"/> Recurrent colds/flu |
| <input type="checkbox"/> Hearing disturbances | <input type="checkbox"/> Coldness in hands | <input type="checkbox"/> Low energy/fatigue |
| <input type="checkbox"/> Weakness in grip | <input type="checkbox"/> Thyroid conditions | <input type="checkbox"/> TMJ/pain/clicking |

THORACIC SPINE (UPPER BACK): Posture distortions from **subluxations** (resulting in **Forward Head Syndrome**) in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience:

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Recurrent lung infections/bronchitis | <input type="checkbox"/> Heart murmurs |
| <input type="checkbox"/> Asthma/wheezing | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Heart attacks/angina | <input type="checkbox"/> Pain on deep inspiration/expiration | |

THORACIC SPINE (MID BACK): Postural distortions from **subluxations** (resulting from **Forward Head Syndrome**) in the mid back will weaken the nerves into your rib/chest and upper digestive tract, and affect these parts of your body? Do you experience:

- | | | |
|--|---|---|
| <input type="checkbox"/> Mid back pain | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Pain into your ribs/chest | <input type="checkbox"/> Tired/Irritable after eating or when you haven't eaten for a while | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Indigestion/heartburn | | <input type="checkbox"/> Ulcers/gastritis |

LUMBER SPINE (LOW BACK): Postural distortions from **subluxations** in the low back (resulting from **Forward Head Syndrome**) will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience:

- | | | |
|--|---|---|
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> Muscle cramps in your legs/feet | <input type="checkbox"/> Constipation/ diarrhea |
| <input type="checkbox"/> Pain into your hips/legs/feet | <input type="checkbox"/> Weakness/injuries in hips/knees/ankles | <input type="checkbox"/> Menstrual irregularities/ cramping (females) |
| <input type="checkbox"/> Numbness/tingling in your legs/feet | <input type="checkbox"/> Recurrent bladder infections | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Coldness in your legs/feet | <input type="checkbox"/> Frequent/difficulty urinating | |

Please list any health conditions not mentioned _____

Please list any medications/surgeries _____

Please list any traumas (falls, car accidents, etc.) _____