

# Heartland X-Ray

4-720 Norquay Dr. Winkler, MB R6W 0H9 Ph. (204)331-4786 Fax (204)331-4787

## WELCOME TO OUR OFFICE

To ensure your visit is a pleasant one, here are the procedures you can expect during the next 60 minutes.

**Paperwork** Complete this brief questionnaire and your health history form to help us get to know you. We will use this information to help formulate recommendations for your care.

**Consultation** You will meet the Doctor. The Doctor will review your history and determine if yours is a X-ray image requirement. You will be informed of the cost of all office procedures before they are performed.

**X-ray Image** Necessary views may be taken to visualize the location of any spinal problems, neurological interferences, reveal any pathology and make your Chiropractic care more precise.

**Correlation** Before proper care can be rendered, the Doctor will study your examination findings. Later, you will view your x-rays, review your findings and receive specific care and recommendations from the Doctor.

## CONFIDENTIAL PATIENT CASE HISTORY

## GENERAL INFORMATION

Miss  Mrs.  Ms.  Mr. How would you like to be addressed? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_  
D / M / Y

MHSC # (6 digits) \_\_\_\_\_ (9 digits) \_\_\_\_\_ MPI/WCBC Claim# \_\_\_\_\_

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell/Other ( ) \_\_\_\_\_

Occupation/Profession \_\_\_\_\_ Employer \_\_\_\_\_

Name of Medical Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

What is the major complaint for which you wanting X-rays? \_\_\_\_\_

**Females only- If you are pregnant, or think you might be pregnant, please check one of the following:**

- Yes I'm pregnant  
 No I'm not pregnant

**Date of last menstrual period** \_\_\_\_\_

## Please read the following:

The doctor has explained that the purpose of the X-rays that are about taken is to analyze the spine for vertebral subluxations and to determine the proper treatment of chiropractic spinal adjustments. If the doctor discovers an "unusual finding" when reviewing my X-rays results, I will then determine if I require additional treatment from another health care provider. I understand that seeking advice or additional care from another type of health care provider would be my responsibility and should not interfere with the subluxation corrective care provided by this office.

I have read the above statement and consent to treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this form. We certainly hope that we can help you attain health.

## About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nervous system that have resulted in your lowered state of health. At your report of findings we will outline a course of care to correct these layers of damage and recover your innate health potential.

## Office Use Only

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### Spinal Views

#### Cervical Spine

- APOM
- Lateral
- Flexion/Extension
- A to P Lower cervical
- Davis series 5
- Davis series 7

#### Lumbar Spine

- A to P Lumbar
- Lateral
- Right Oblique
- Left Oblique
- A to P Pelvic
- L5 Spot shot

#### Hip View

- Right frog leg view
- Left frog leg view

### Thoracic Spine

- A to P
- Lateral

### Extremities

- |            |         |         |
|------------|---------|---------|
| • Shoulder | • Wrist | • Ankle |
| • Elbow    | • Hand  | • Foot  |
|            | • Knee  |         |

Patient Name: \_\_\_\_\_ Chart Number: \_\_\_\_\_