

## **A Personal Message From Claire Fitzpatrick, D.C.**

To: You!

Dear New Practice Member,

I wanted to take a few moments to personally welcome you to our practice and let you know a few very important things that will help you get the most out of your care.

First thing is – our practice is referral driven, so we run a very “open” office. By this, I mean we value your opinion and want to hear what you think. If you like something – tell us so we can do more of it. The only way we can make your experience with us the best it can possibly be is if we know what you want. We are only happy when YOU are happy.

Second: We want to make sure you achieve your full health potential. This means we will give you the best recommendation and adjusting schedule we feel will do that. Your schedule will be personalized for you. That is the way we approach it.

Lastly: Thank you for putting your confidence in me and in this office. I am grateful and humbled to share this abundant healing journey with you.

So once again...WELCOME!

Sincerely,



*"Our purpose is to help your nervous system communicate freely  
so that you can heal and live at your highest potential." -- Claire Fitzpatrick, D.C.*

DATE: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_

NAME (first, middle, last) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

CITY, ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX ☐ M ☐ F ☐ N/A BSN/ID# \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ ADDRESS/PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT & PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CHILDREN'S NAMES AND AGES 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

1. Most of our patients are referred to our office by a caring family member or friend. What made you decide to visit our office? FRIEND / FAMILY MEMBER NAME \_\_\_\_\_

☐ Web Search ☐ Website ☐ Sign ☐ Presentation ☐ E-Mail ☐ Please Specify \_\_\_\_\_

2. Although most health insurance is for short-term chiropractic care rather than comprehensive wellness care, do you have insurance that you believe will contribute to your chiropractic expenses? ☐ YES ☐ NO

3. Do you think your body has its own innate intelligence, apart from your thinking mind?  
☐ YES ☐ NO

4. Do you think of your body as a part of nature? ☐ YES ☐ NO

5. Do you see your body as a whole unit or do you break it down into parts? ☐ Whole ☐ Parts

6. Do you have a healthy loving relationship with your body? ☐ YES ☐ NO

7. What do you hope to get from chiropractic care? \_\_\_\_\_

8. Research shows that the health of your nervous system should be checked regularly. How many times have you visited a chiropractor in your lifetime? \_\_\_\_\_ ☐ NEVER

9. When was your last chiropractic examination including x-rays? \_\_\_\_\_ ☐ NEVER

10. Poor posture leads to poor health and can lead to nervous system interference. How would you rate your posture?

POOR    1       2       3       4       5       6       7       8       9    EXCELLENT

11. Stress can trigger a series of nervous system events that, if not released, can interfere with your body's ability to heal and regenerate. Rate your stress level over the last 90 days.

LOW    1       2       3       4       5       6       7       8       9       HIGH

- a. Where do you carry stress in your body? \_\_\_\_\_
- b. What tools do you use to try to reduce your stress? \_\_\_\_\_
- c. What do you think is primarily causing your stress? \_\_\_\_\_

12. Chiropractic care increases neuroplasticity, which optimizes your ability to heal and adapt to your environment. It is most effective as part of a healthy lifestyle. However, most of our patients first seek our help when in a health crisis. Do you have a health concern?

13. Many people with nervous system interference experience health crises before seeking chiropractic care. Have you had any major hospitalizations or surgeries that the doctor should know about? ☐ YES ☐ NO If YES, please explain

14. Injuries can cause serious nervous system interference (even if not reported). What was your last significant injury, and if so, when? \_\_\_\_\_

15. (If you answered yes to 11-13) The human body is a self-healing mechanism. Why do you believe your body was not able to recover from this particular episode?

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16. Prescription medications may cause various side effects, hide the severity of health problems, and hinder the body's ability to heal. What medications are you currently taking?

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17. Chiropractic care is very important during pregnancy. Is there a chance you are pregnant?

☐ YES ☐ NO

18. Chiropractic care promotes your body's ability to repair and generate renewed health on its own. Depending on your current state of health, this may require an initial course of care that could last anywhere from a few days, to months, or even years. If you come to an agreement on a course of care, are you prepared to follow the doctor's recommendations? ☐ YES ☐ NO

Below is a list of dis-ease states that may seem unrelated to the purposes of your appointment. However, these questions must be answered carefully as these issues can affect your overall course of chiropractic care.

CHECK ANY OF THE FOLLOWING YOU HAVE EXPERIENCED:

<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Mumps	<input type="checkbox"/> Influenza	INTAKE:
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Small Pox	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Coffee
<input type="checkbox"/> Polio	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Tea
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental disorders	<input type="checkbox"/> Cigarettes
<input type="checkbox"/> Anemia	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> White Sugar
<input type="checkbox"/> Measles	<input type="checkbox"/> Thyroid Issues	<input type="checkbox"/> Eczema	<input type="checkbox"/> Prescription Drugs
<input type="checkbox"/> Anorexia Nervosa	<input type="checkbox"/> Bulimia Nervosa	<input type="checkbox"/> Cutting/Self-Mutilation	<input type="checkbox"/> Recreational Drugs
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Lupus Erythematosus	

CHECK ANY OF THE FOLLOWING YOU HAVE EXPERIENCED IN THE PAST 6 MONTHS:

MUSCULOSKELETAL CODE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Joint Pain/Stiffness   | <input type="checkbox"/> Walking Problems | <input type="checkbox"/> Low Back Pain                   |
| <input type="checkbox"/> Pain Between Shoulders | <input type="checkbox"/> Shoulder Pain    | <input type="checkbox"/> Difficulty Chewing/Clicking Jaw |
| <input type="checkbox"/> Headaches              | <input type="checkbox"/> Elbow Pain       | <input type="checkbox"/> Neck Pain                       |
| <input type="checkbox"/> Knee Pain              | <input type="checkbox"/> Hand Pain        | <input type="checkbox"/> Hip Pain                        |
|   | <input type="checkbox"/> Foot Pain        | <input type="checkbox"/> Pelvic Pain                     |

KIDNEY/URINARY CODE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bladder Trouble | <input type="checkbox"/> Painful/Excessive Urination | <input type="checkbox"/> Discolored Urine |
|--|--|---|

NERVOUS SYSTEM CODE

- ☐ Nervous
- ☐ Numbness
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions
- ☐ Cold/Tingling Extremities
- ☐ Stress

CARDIOVASCULAR CODE

- ☐ Stroke
- ☐ Ankle Swelling
- ☐ Chest Pain
- ☐ Short Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heartbeat
- ☐ Heart Programs
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins

SEXUAL/REPRODUCTIVE

- ☐ Painful Intercourse
- ☐ Pain in Sexual Organs
- ☐ Difficult/No Orgasms

MEN ONLY

- ☐ Prostate Blockage
- ☐ Pain upon Ejaculation
- ☐ Premature Ejaculation
- ☐ Impotence

WOMEN ONLY

- ☐ Vaginal Pain/Infection
- ☐ Menstrual Irregularity
- ☐ Menstrual Cramps

GENERAL CODE

- ☐ Fatigue
- ☐ Allergies
- ☐ Loss of Sleep
- ☐ Fever
- ☐ Sore Throat
- ☐ Stuffed Nose

EENT CODE

- ☐ Earaches
- ☐ Vision Problems
- ☐ Dental Problems
- ☐ Hearing Difficulty

Last period? \_\_\_\_\_

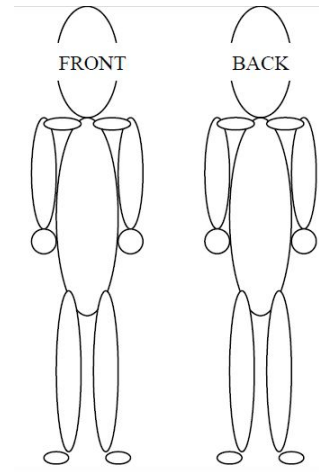
Are you pregnant?

☐ YES ☐ NO

### GASTROINTESTINAL CODE

- |   |  |
|---|--|
| <input type="checkbox"/> Black/Bloody Stools      | <input type="checkbox"/> Frequent Nausea |
| <input type="checkbox"/> Colitis                  | <input type="checkbox"/> Vomiting        |
| <input type="checkbox"/> Weight Trouble           | <input type="checkbox"/> Diarrhea        |
| <input type="checkbox"/> Abdominal Cramps         | <input type="checkbox"/> Constipation    |
| <input type="checkbox"/> Gas/Bloating after Meals | <input type="checkbox"/> Hemorrhoids     |
| <input type="checkbox"/> Heartburn                | <input type="checkbox"/> Liver Problems  |
| <input type="checkbox"/> Gall Bladder Problems    |  |
| <input type="checkbox"/> Poor/Excessive Appetite  |  |
| <input type="checkbox"/> Excessive Thirst         |  |

### PLEASE MARK PAIN AREAS



FAMILY HISTORY The following members have the same or similar as I do:

- ☐ Brother    ☐ Sister    ☐ Mother    ☐ Father    ☐ Child    ☐ Spouse

To the best of my knowledge, all the above-mentioned information is true, complete and accurate.

Patient Name:

Signature:  Date:

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PROFESSIONAL USE ONLY --

INTERPRETATION: \_\_\_\_\_

Patient Accepted:    ☐ Yes ☐ No

Doctor's Signature \_\_\_\_\_

## **Informed Consent to Care**

*As per the requirements of the health law in the Netherlands, the following is provided to promote transparency and a standard of care among Dutch chiropractors.*

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as a cervical arterial dissection that involves an abnormal change in the wall of an artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. This occurs in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke. As chiropractic can involve manually and/or mechanically adjusting the cervical spine, it has been reported that chiropractic care may be a risk for developing this type of stroke. The association with stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

*I have read, or have had read to me, the above Consent to Care. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.*

Patient Name: \_\_\_\_\_

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

### **Consent to evaluate and adjust a minor (under 18 years of age)**

I, \_\_\_\_\_, being the parent or legal guardian of

\_\_\_\_\_

have read and fully understand the above terms and hereby grant permission for my child(ren) listed above to receive chiropractic care.

x \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



The chiropractor working in this practice is a Registered Chiropractor. This means:



That the chiropractor is affiliated with the Foundation for the National Register of Chiropractors SNRC. On the website <http://www.registerchiropractor.nl/> you will find more information about chiropractic, where Register Chiropractors should keep up and how to file a complaint.

That the chiropractor is affiliated with the Stichting Geschilleninstituut Register Chiropractoren SGRC. On the website <http://www.geschilleninstantie.com/> you will find more information about the possibility of submitting a dispute to the SGRC Dispute Settlement Body after the complaint scheme of the SNRC.

That you as a patient can join the Association of Patients of Registry Chiropractors VPRC. On the website <http://www.patientenverenigingchiropractie.nl/> you will find more information about the patient association and the possibility to sign up.

## Directions

**Wework Metropool, Weesperstraat 61H, 1018 VN, Amsterdam, NL**

**From Metro 51, 53 and 54:** Take Metro to Waterlooplein Station. Take the back exit. Walk 1 ½ blocks South on Weesperstraat. Wework is on the left side of the street. The entrance is on Weesperstraat, underneath the large Wework sign.

**From lines 7 and 10 Tram:** Take the Tram to the Weesperplein Stop. Walk 3 blocks North on Weesperstraat toward Waterlooplein. Wework is on the right side of the street. The entrance is on Weesperstraat, underneath the large Wework sign.

### **Parking**

There is some limited street parking on Nieuwe Kiesersgracht. There is more bicycle parking on Weesperstraat. The entrance is on Weesperstraat, underneath the large Wework sign.

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*Congratulations! You've reached the end of the packet!  
We look forward to welcoming you to our family!*