Dr. James F. Gilliard, *B.Kin. (Hons.), D.C.*
Doctor of Chiropractic — Certified in Acupuncture

4631 Palladium Way, Unit 6 Burlington, ON L7M 0W9
Tel (905) 634 - 6000 Fax (289) 337 - 1159

Name: _____ Gender (M/F/X) ____ Date of Birth _____/_____/_____
yyyy mm dd

Address: _____ City: _____ Postal Code: _____

**Preferred Phone: (_____) _____ - _____ □Home | □Work | □Cell

Alternate Phone: (_____) _____ - _____ □Home | □Work | □Cell

Email: _____ Referred By: _____

Occupation: _____ Is this a workplace injury (circle please)? Y N

Medical Doctor: _____ Phone: (_____) _____ - _____

Medical Doctor's Address: _____

Personal Health Information & Privacy

Privacy of personal information is important, and we are committed to the collection, use, and disclosure of this information in a responsible way. We will try to be as open and transparent as possible regarding how we handle your information.

Personal information is information about an identifiable individual, such as name, contact information, gender, and age. Only necessary information is collected about you. Your patient file includes your health history, health measurements, examination, assessments, and their results; prognoses and other opinions formed; health services provided to and received by you; compliance with treatment, reasons for discharge, and other pertinent information. We also maintain records for payment and billing purposes. Collection of this information allows us to deliver safe and effective patient care, contact you, communicate with other health care professionals, complete and submit claims on your behalf to third party payors, comply with legal and regulatory requirements under the *Chiropractic Act* and the *Regulated Health Professionals Act*, process payments and collect unpaid accounts, and conduct research. We only share your information with your consent; the use, retention, and destruction of your personal information complies with the existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body *(College of Chiropractors of Ontario)*, and the law.

Staff members at Endorphins Health and Wellness Centre are aware of the sensitive nature of the information you have disclosed to us, and are trained in its appropriate uses and protection; this includes Dr. James Gilliard, office administration staff, clinical staff, and, when necessary, other authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

By signing this consent, I agree that I have reviewed the above information and given my informed consent for the collection, use, and/or disclosure of my personal information for the purposes that are listed, including contacting my medical doctor about my health care.

Name (please print)	**Signature of Patient (or legal guardian)**	**Date (yyyy/mm/dd)**
Witness to Patient Signature	**Signature of Witness**	**Date (yyyy/mm/dd)**

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PLEASE SHOW AREA(S) OF PAIN OR DISCOMFORT

- **Using the appropriate symbols, please describe where you feel the marked sensations.**
- **Mark all areas of discomfort or radiation.**
- **Include all affected areas.**

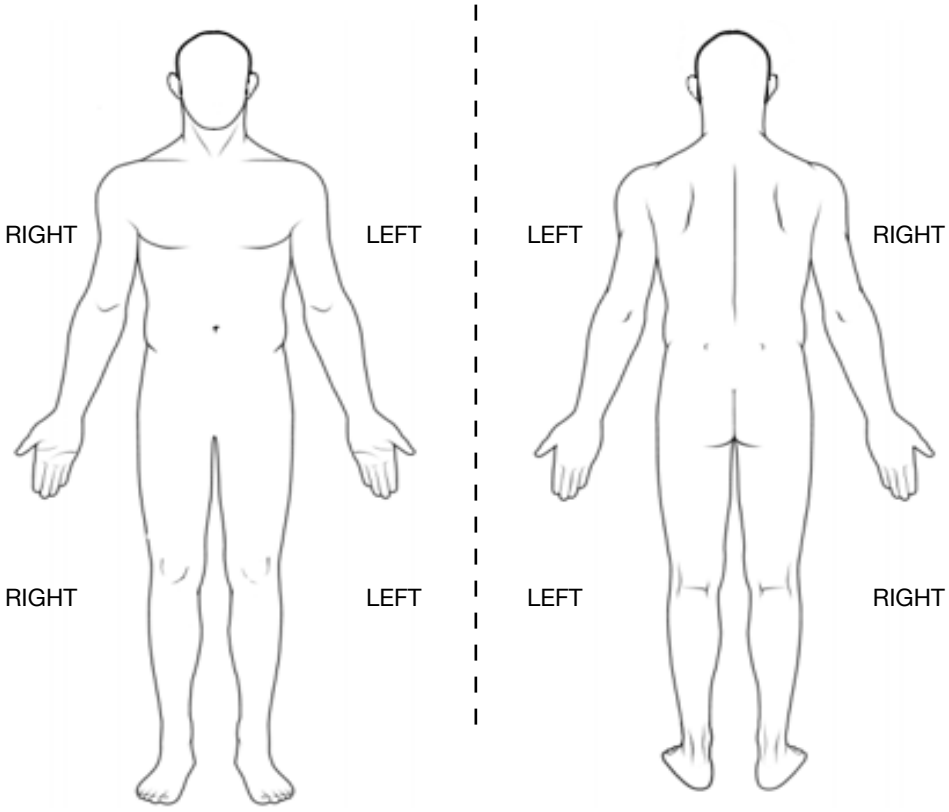
NUMBNESS
- - - - - - - - - -
- - - - - - - - - -

PINS & NEEDLES
o o o o o o o o o o o o
o o o o o o o o o o o o

BURNING
XXXXXX
XXXXXX

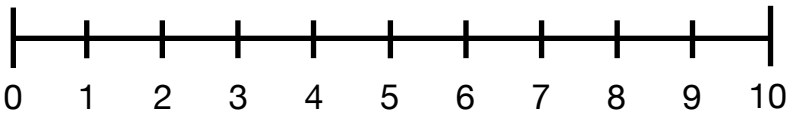
ACHING
△ △ △ △ △
△ △ △ △ △

STABBING
//////////
//////////



Numeric Pain Rating Scale

Please indicate the intensity of pain levels over the past 24 hours on a scale of 0 (no pain) to 10 (worst pain imaginable).



Name (please print) **Signature of Patient (or legal guardian)** **Date (yyyy/mm/dd)**

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Please mark "✓" beside any CURRENT issues, and mark "✗" beside any PAST issues.

General Symptoms
- ☐ Allergies
- ☐ Depression/Anxiety
- ☐ Diabetes
- ☐ Excess hunger or thirst
- ☐ Extreme fatigue
- ☐ Fainting
- ☐ Fever
- ☐ Headaches
- ☐ Loss of consciousness
- ☐ Loss of sleep
- ☐ Night pain
- ☐ Night sweats
- ☐ Unexpected weight gain/loss

Ears/Eyes/Nose/Throat
- ☐ Sinus Infection
- ☐ Enlarged Glands
- ☐ Ringing in the ears
- ☐ Thyroid Issues
- ☐ Vision problems

Cardiovascular
- ☐ Bleeding disorders
- ☐ Chest pain
- ☐ Heart attack/Angina
- ☐ High blood pressure
- ☐ History of Blood Clots
- ☐ History of Stroke
- ☐ Poor Circulation
- ☐ Swelling of ankles/joints
- ☐ Varicose veins

Gastrointestinal
- ☐ Bloating / Constipation
- ☐ Hemorrhoids
- ☐ Indigestion
- ☐ Ulcers
- ☐ Vomiting

Genitourinary
- ☐ Blood in urine
- ☐ Bowel/bladder issues
- ☐ Difficulty/Painful Urination
- ☐ Hot flashes
- ☐ Kidney issues
- ☐ Menstrual issues
- ☐ Prostate issues

Neurologic
- ☐ Blurred or double vision
- ☐ Dizziness
- ☐ Loss of strength
- ☐ Nausea
- ☐ Numbness or tingling
- ☐ Problems speaking
- ☐ Problems swallowing
- ☐ Tremors

Respiratory
- ☐ Asthma
- ☐ Chronic Cough
- ☐ Difficulty Breathing
- ☐ Spitting up Phlegm/Blood

Skin
- ☐ Bruise easily
- ☐ Dryness
- ☐ Eczema
- ☐ Hives (allergies)
- ☐ Rashes/itching

Other Health History
- ☐ Cancer
- ☐ Concussions
- ☐ Eating disorder
- ☐ Fibromyalgia
- ☐ Gall Bladder problems
- ☐ Hepatitis A/B/C
- ☐ HIV/AIDS
- ☐ Liver issues
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Psychological disorder
- ☐ Rheumatoid Arthritis
- ☐ Sleep Apnea / CPAP
- ☐ Weak immune system

Currently on Birth Control Pill/Patch?
☐ Yes ☐ No
Previously?
☐ Yes ☐ No

Have you ever been in a motor vehicle collision?
☐ Yes ☐ No
☐ When? _____
_____
_____

Please note any previous hospitalizations, fractures or surgeries:
☐ Reason/When: _____
_____
_____
_____

Medication List:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please check if you or anyone in your family have any of the following:

● Cancer	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● Heart Disease	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● Stroke	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● Diabetes	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● High Cholesterol	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● Hypertension	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____
● Other:	☐ Myself	☐ Mother	☐ Father	☐ Sibling	☐ Other(specify): _____

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Cost of Treatment

Chiropractic and/or Acupuncture and/or Laser Services

Consultation/Examination:	$ 110.00 (includes first treatment)
Subsequent Visits:	$ 60.00

OHIP does not cover Chiropractic services in independent health facilities at this time.

Extended Health Benefits

Many extended health benefit plans will cover some or all of your Chiropractic fees, often to a yearly maximum. Please check with your plan provider to verify your coverage. Direct billing is available for some health benefit providers — please consult our office administration staff to see if you are eligible. Each extended benefit provider is unique, therefore we are unable to guarantee direct billing will be available for your plan. If direct billing is unavailable, the patient is responsible for payment on the day the service is rendered, and must then submit the receipt to their insurance company for reimbursement. All portions of treatment costs that are uncovered by extended benefits are the responsibility of the patient.

Motor Vehicle Accident Coverage

If you have been involved in a motor vehicle accident, your automobile insurance will cover the cost of medical rehabilitation, which also includes care by a Chiropractor. The auto insurance company will pay for any costs not covered by an extended health benefits plan. This means that if you have coverage from your employer, or other extended health benefits, all claims must first go through your extended benefit plan, and your automobile insurance carrier will cover any uncovered amount (within claim guidelines established by the province).

WSIB Claims

If your injury has occurred while you were at work, the full cost of Chiropractic care is covered for approved claims. The injury must be reported to the employer as soon as possible. If the Workplace Safety and Insurance Board (WSIB) deny the claim, all uninsured costs are the responsibility of the patient.

Billing as "Acupuncture"

Some extended health benefit providers offer "Acupuncture" coverage. Although you can receive acupuncture as part of your chiropractic treatments per the College of Chiropractors of Ontario, the billing of "Acupuncture" services to extended health coverage providers in Ontario has been restricted since 2013 to members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.
We are therefore unable to submit "Acupuncture" services with Dr. Gilliard to extended health benefits.

By signing this consent, I acknowledge that I have read the above explanation of fees and accept the terms to which they apply to my treatment at Endorphins Health and Wellness Centre.

Name (please print)	Signature of Patient (or legal guardian)	Date (yyyy/mm/dd)

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