



Welcome to the Spine & Wellness Centre

In order to provide you the best possible care, please complete this form as accurately as possible and bring it with you to your first appointment. All information is strictly **CONFIDENTIAL**.

Patient Information			
First Name:	Surname:	Today's Date: ___ / ___ / ___	
Email*		Occupation:	
* Your email will NOT be shared with any 3 rd parties, and is used for occasional practice announcements and communications			
Date of Birth: ___ / ___ / ___	Age:	Marital Status: M / S / D / W	
Partner's Name:		Children's Names & Ages:	
How did you hear about The Spine & Wellness Centre?			
What is your purpose for your visit to us today?			
What benefits would you like to receive from your visit today?			
Address			
Street Name and Number:			
Town/City:	County:	Postcode:	
Mobile#:	Home#:	Work#:	
Current Complaints			
Chief Complaint:			
Nature of Injury: <input type="checkbox"/> Car Accident <input type="checkbox"/> Work <input type="checkbox"/> Sporting <input type="checkbox"/> Other			
Please describe briefly:			
Date of Injury: ___ / ___ / ___	Date symptoms appeared: ___ / ___ / ___		
Have you ever had the same condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
List of other practitioners seen for this injury/condition:			
Have you ever been under spine & wellness care, chiropractic care or sports injury rehabilitative care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Medical History			
Name of General Practitioner:		Phone#:	
Have you been treated for any conditions in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Date of last physical exam: ___ / ___ / ___	Is there a chance that you are pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had X-rays taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which part of the body?	
What medications are you taking and for what conditions (Please list dosage and amounts, etc.):			
What vitamins, minerals, supplements or herbs do you currently take? (Please list for what conditions, dosage, & frequency):			
Have you ever:	No	Yes	Please Briefly Explain
Broken Bones?	<input type="checkbox"/>	<input type="checkbox"/>	
Been Hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	
Been in a car accident?	<input type="checkbox"/>	<input type="checkbox"/>	

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Had Sprains/Strains?	<input type="checkbox"/>	<input type="checkbox"/>	
Been struck unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	
Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	

Family History

Family Members – Present and past health conditions (Example: heart disease, cancer, diabetes, arthritis, etc.)

Habits	None	Light	Moderate	Heavy
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft/Fizzy Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugary Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

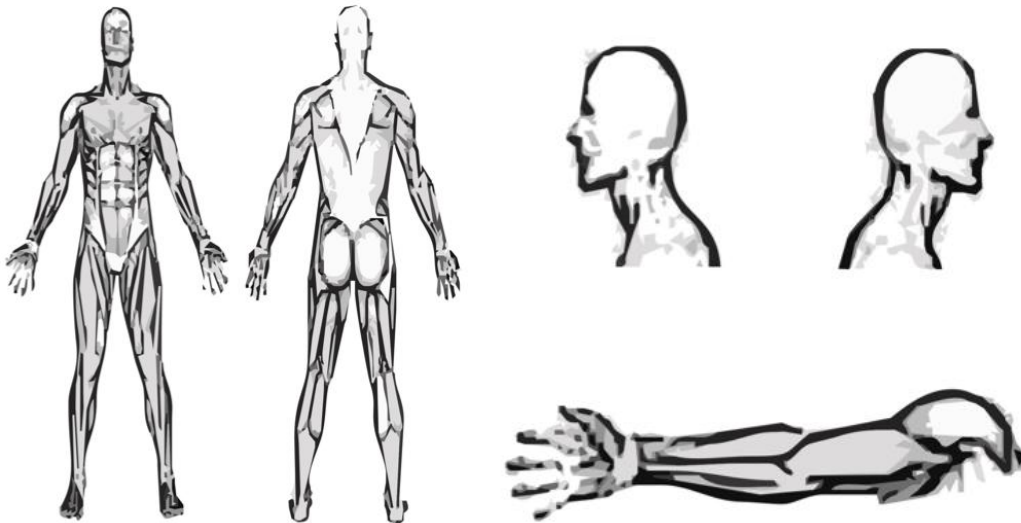
Have you ever suffered from: (please circle)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Cancer	<input type="checkbox"/> Excessive Menstruation	<input type="checkbox"/> Kidney Infection	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Swelling of ankles
<input type="checkbox"/> Allergies	<input type="checkbox"/> Chest Pain/Conditions	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Polio	<input type="checkbox"/> Swollen Joints
<input type="checkbox"/> Anemia	<input type="checkbox"/> Cold Extremities	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of memory	<input type="checkbox"/> Poor Posture	<input type="checkbox"/> Thyroid Condition
<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Prostate Trouble	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Loss of taste	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lumps In Breast	<input type="checkbox"/> Sinus Infection	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> Breast Lump	<input type="checkbox"/> Digestion Problems	<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Neck Pain or Stiffness	<input type="checkbox"/> Sleep problems	
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heart Beat	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Spinal Curvatures	
<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Ears Ring	<input type="checkbox"/> Irregular Cycle	<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Stroke	
<input type="checkbox"/> Other.....					

Pictures of Symptoms:

Please CIRCLE and use the following letters to indicate TYPE and LOCATION of the symptoms you currently are experiencing, on the following diagrams:

A=Ache
B=Burning
N=Numbness
O=Other
P=Pins & Needles
S=Stabbing



Important Information For All Patients / Practice Policies

This information must Be Read by All Patients.

OUR PURPOSE

Our Mission is to bring as many individuals as possible closer to their TRUE potential by creating a new awareness of life, restoring and renewing a state of optimal health allowing the timeless wisdom of our body's inborn healing power to recreate its perfection from the inside out. An optimal functioning spine and nerve system is necessary for optimal health. Misalignments of the spine and nerve system are called subluxations and prevent the body from having Optimal Health. Throughout life there are many things that cause interference with our nerve system, such as physical & emotional stress and even poor diet. These everyday stresses place tension on our spine and cause subluxation.

Congratulations! You are about to join some 30 million others worldwide who receive Spine & Wellness and Rehabilitative Care each year. In order to receive the full benefits of the care we provide, you need to understand exactly what your Practitioner does, and doesn't do.

There are many different types of Health Care Practitioners, each of whom may have very different approaches and healing philosophies towards your health. Whilst practicing in the U.K. Dr. Nabeel Alsaadi, B.A., D.C., M.A.O. (Practice Director of the Spine & Wellness Centre) is a Consultant Osteomyologist & Spine & Wellness specialist, whose purpose is to detect and correct "Vertebral Subluxations" and to allow your body to function and heal at its Optimal Potential. Jessica King BSc (Hons) GSR (Practice Coordinator of the Spine & Wellness Centre) practices as a graduate level autonomous healthcare practitioner specializing in musculoskeletal management, exercise based rehabilitation and modification of biomechanical dysfunctions.

Spine & Wellness Centre

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Our practitioners do not diagnose diseases such as cancer, diabetes, ulcers, etc and is assessing you only for the direct causes of many health problems. If you think you have a medical problem or condition that you want diagnosed, you need to be examined by a health care practitioner who provides a specific medical diagnoses for such.

Practice Hours:

Monday	09:00am – 01:00pm	Thursday	08:30am – 01:00pm
	04:00pm – 08:00pm		03:30pm – 07:00pm
Tuesday	08:30am – 01:00pm	Friday	10:30am – 01:00pm
	03:30pm – 07:00pm		3:30pm – 5:30pm
Wednesday	09:00am – 01:00pm	Saturday	10:00am – 01:00pm
	04:00pm – 08:00pm		

Your Personalised Schedule of Care:

Your schedule of care is a personalised programme that has been suggested by your doctor/practitioner after assessing what condition your spine and posture is in and evaluating your health goals. Your schedule has been designed to give maximum results. Your schedule of care is a living document and will be continuously reassessed throughout the care program. At your report of findings your doctor/practitioner will detail your individual schedule of care. The number of visits recommended will depend upon:

- The condition of your spine, posture, nervous system and overall wellness
- The severity of your problems
- Your expected response to treatment
- Your compliance with instructions and advice
- Your own individual health goals/needs

If at any stage you decide that your health goals have changed from what you have originally stated please inform the doctor/practitioner at the earliest opportunity and alterations to your schedule can be made accordingly

How often will I be re-assessed?

Your doctor/practitioner will be reassessing your response to Spinal / Posture Corrective and/or Therapeutic Care on each visit. Formal reassessments of your whole health status will be conducted at regular intervals throughout your own individual programme. These reassessments are always conducted in private. If ever you would like to schedule a reassessment of your progress please speak to your doctor/practitioner or front desk assistant(s) and they will schedule you in for an extended visit at the earliest opportunity. You would be encouraged to bring a family or friend to the reassessment report.

What if I have Questions about my Care?

All patients are encouraged to ask questions about their care. Your doctor/practitioner will have done their best in explaining your diagnosis, treatment and prognosis, however we understand that Spine & Wellness Centre Care is new to many patients. Should you have questions or require further information about anything in the practice please do not hesitate to speak to either staff members or your practitioner/doctor.

What if I need to reschedule an appointment?

Your doctor/practitioner has designed a care programme that is specific for you. In order to meet your health goals it is important to adhere to your programme. Of course there may be a time during which you might need to reschedule an appointment. If an appointment must be changed **we require 24 hours notice**. All rescheduled appointments should ideally be made up later the same day or within 24 hours. Please advise our front desk staff a.s.a.p. in order for changes can be made accordingly.

Missed/Broken Appointments:

If you do not turn up for an appointment without giving 24 hours notice the **Spine & Wellness Centre reserves the right to charge you for the missed appointment (£20)**. Broken appointments should be rescheduled within 24 hours. Please note – other clients cannot benefit from late cancellations.

Children and Family:

Once you understand the important relationship between your posture, the spine, nervous system and your overall health and wellness, we expect that you will want to have your family checked. **All immediate family members are eligible for a complimentary consultation.**

Referrals:

If you know anyone who you think would benefit from our services please ask about our referral programme for you and your friends.

Refund Policy on Prepaid Plans & Monthly Plans:

If for any reason you wish to discontinue your care programme, a refund will be made. To calculate the amount of money you have used on your plan simply count the number of visits you have already had and multiply this number by £35 (our regular treatment fee), plus any products contained in your plan. This amount will be deducted from the money you have prepaid. If a refund is applicable a cheque will be issued forthwith. Please allow 14 days for your refund to be processed. All applications for a refund must be made in writing to the practice. Please note that an administrative fee of £10.00 will be deducted from your refund amount.

Access to Records Policy:

Under the terms of the data protection act (1988) we are obliged to tell you that the practice will be creating a file on every client visiting our clinics. You have the right to access your file. However by law we are required to retain your original records. Copies can be made as required upon request. Only the practitioners and the staff of Spine & Wellness Centre will have access to your files.

I, _____ (print name) have read this "Important Information For Patients/ Practice Policies". I fully understand that the purpose of my examination today and any assessment received in this office in the future is to detect the presence of vertebral subluxations, biomechanical dysfunction and/or any cause of my pain/injury. I understand that the Spine & Wellness Centre Practice Director, Dr. Nabeel Alsaadi or Practice Coordinator Jessica King are not practicing as a Medical Doctors, Chiropractors, Osteopaths or Physiotherapists. Dr. Nabeel Alsaadi is registered with the Association of Osteomyologists, practicing as a Consultant Osteomyologist & Spine & Wellness Specialist whose purpose is to detect and correct Vertebral Subluxations in order to allow my body to function and heal at its optimal potential. Jessica King is registered with the British Association of Sport Rehabilitators and Trainers and has been trained in sports & exercise medicine, with an emphasis on the design and implementation of exercise and rehabilitation programmes in health, disease and injury treatment & prevention. I hereby consent to any procedures, treatments or spinal adjustments that may be required to assess or correct my presenting condition. I have also read and understood the practice policies and agree to abide by them.

Signature _____ Date _____