Thank you for your support, your feedback is extremely valuable.

Completion and return of this form means you agree to be part of this study.

If you are consenting on behalf of a son / daughter, the terms 'you' and 'your' should be read as your 'son / daughter'.

1) Are you responding for: ☐ Yourself ☐ Son / Daughter

2) Why did you come to this appointment? ☐ Preventative/Wellness/No Symptoms
☐ Headache ☐ Neck pain ☐ Mid-back pain ☐ Low-back pain
☐ Sprain/Strain ☐ Arm / Leg pain ☐ Other, specify _____

3) How long have you had this/these condition(s)? _____ days OR _____ weeks ☐ N/A

4) How would you rate your pain at this moment?

No pain ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Worst imaginable pain

5) Please indicate any medications that you are taking: ☐ None
☐ Aspirin ☐ Birth control pill
☐ Blood thinners *(e.g. Warfarin/Coumadin, dicumarol)* ☐ Pain Medications
☐ Steroid ☐ Other: _____

6) Please indicate any natural health products that you are taking: ☐ None
☐ Garlic ☐ Ginger ☐ Ginkgo ☐ Omega-3
☐ Vitamin E ☐ Vitamin K ☐ Other: _____

7) Do you have a history of any of the following? ☐ None ☐ Alcoholism
☐ Bleeding disorder ☐ Cancer ☐ Connective tissues disorder (e.g. Lupus, scleroderma)
☐ Diabetes ☐ High cholesterol ☐ Migraine headache ☐ Osteoporosis (thin bones)
☐ Smoking ☐ Spinal surgery ☐ Stroke ☐ TIA (transient ischemic attack)
☐ Tuberculosis (TB) ☐ Other, specify: _____

8) Are you: ☐ Male ☐ Female

9) In what year were you born? ___ ___ ___ ___

10) Today's fees covered by: ☐ Self-pay ☐ Car Accident Coverage
☐ WCB ☐ Other Insurance: _____

Please continue with questions on the back.