

**Back to Health  
Wellness Centre  
Dr. Barbara A. Rodwin**  
240 Catherine St. Suite 100  
Ottawa, Ont.  
K2G 2G8

**New Patient Information**

**Notice:** Paperwork must be completely filled out and **returned to the office 24 hours prior to your appointment. If the paperwork does not arrive in time, the appointment will then turn into a consultation, which means the two-day process will turn into a three-day process.**

**Please bring your everyday and/or running shoes with you.**

**Please Print**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(we will not be using your e-mail address for any type of solicitation, it is merely another way to contact you if necessary)

OCCUPATION: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_/ M\_\_ F\_\_ AGE: \_\_\_\_\_ YEARS

Day Month Year

How did you find out about our clinic? \_\_\_\_\_

If there is a specific patient we may thank for your visit, may we thank them:

Verbally \_\_\_\_\_ In Writing \_\_\_\_\_

If you are already a massage therapy patient and you would like Dr. Rodwin to have access to your massage therapy file please sign below.

\_\_\_\_\_

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**Day 1:**

We ask that you fax back the detailed questionnaire at least 24 hours before your scheduled appointment time so that Dr. Rodwin can familiarize herself with your current condition as well as your past medical history.

**CONSULTATION  
And EXAM  
(30-45 minutes)**

In the office, we will perform a comprehensive investigative examination to check spinal movements, and ranges of motion to identify **specific** problem areas. This is a **neurological** as well as **musculoskeletal** exam.

The 1<sup>st</sup> part of the exam will be performed by our *kinesiologist* Keri-Lyn. Keri-Lyn may also do a Foot Scan using computer technology to identify any problems relating to your feet and your gait. Then Dr. Rodwin will complete the exam.

Please arrive 5 minutes early for you exam. We have specific time slots allotted for Exams. **If you are late, we either have to re-schedule your appointment or Dr. Rodwin will only be able to perform a portion of your exam.** The remaining portion of the exam will have to be done on the second visit. The report of findings would then have to be postponed until the third visit. When cancelling late we are unable to accommodate another new patient who may have wanted that time.

**Day 2:**  
**REPORT OF  
FINDINGS (ROF)  
(45-60 min)**

Upon leaving this visit you will have a full understanding of your problem, spinal health, and chiropractic treatments. Keri-Lyn will be reviewing your exam findings and your x-rays with you. This is the longest, but most important, visit. Your **treatments** will commence on this visit.

**DR. RODWIN'S HOURS**

Monday	7:00am – 12:30pm & 5:00pm – 6:30pm
Tuesday	----- 12:00pm - 6:30pm
Wednesday	7:00am – 12:30pm -----
Thursday	----- 1:00pm - 6:30pm
Friday	7:00am -12:00pm -----

Our **Chiropractic Health Assistants** are: **Connie Correia, Leona Lortie, and Melissa Rodrigue**  
Our **Kinesiologist/Therapist** is **Keri-Lyn Dudgeon B.Sc.(H.K.)**

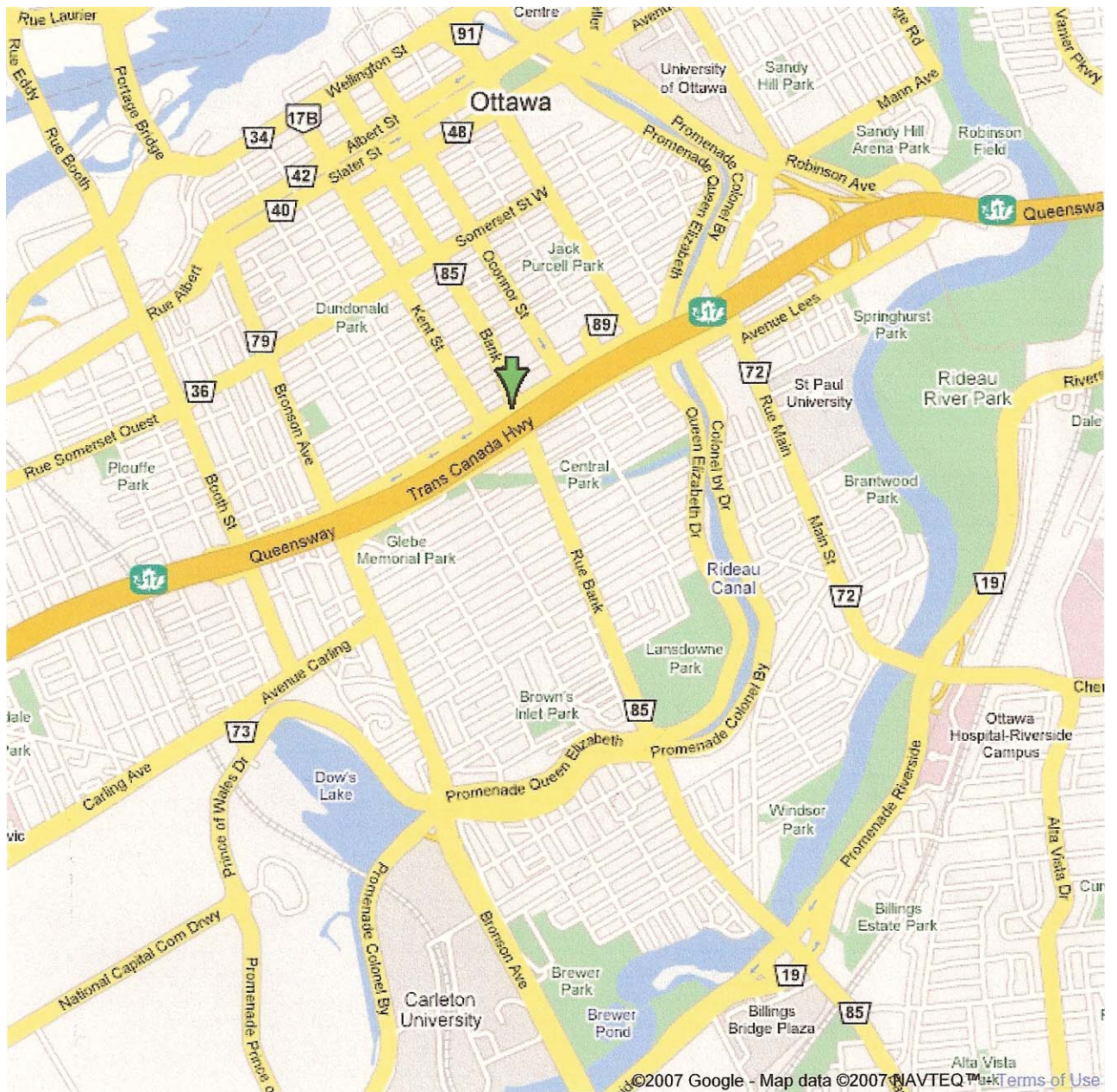
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## No Scents Policy

At Back to Health Wellness Center we have a scents policy. This policy is for the health and comfort of the health care practitioners, employees and patients of Back to Health. Please avoid wearing perfumes, colognes and other personal hygiene products that have any strong scent.

## Location

We are located at 240 Catherine St. Suite 100. There is limited visitor parking available in the parking lot to the right of the building. If you park in the remainder of the lot (permit portion) please obtain a parking pass from the front desk. You can also get to the clinic by bus on Route # 4 and # 7.



## **Fee Schedule:**

Most extended health insurance plans will cover your payments up to a maximum allotment per year, so check your policy. **We kindly ask that all accounts are paid by week end.**

	<b>Service</b>	<b>Payment</b>
<b><u>Day 1:</u></b>	<b><i>Consultation</i></b>	<b>\$25.00</b>
	<b><i>X-rays</i></b>	<b>\$12.00 per film</b>
<b><u>Day 2:</u></b>	<b><i>Exam</i></b>	<b>\$60.00</b>
<b><u>Day 1:</u></b>	<b><i>Expedited Exam</i></b>	<b>\$70.00</b>
<b><u>Day 3:</u></b>	<b><i>Report of findings</i></b>	<b>\$0.00</b>
	<b><i>Progress Check (Re-Exam)</i></b>	<b>\$30.00</b>
	<b><u>Treatments</u></b>	
	<b><i>Chiropractic Only</i></b>	<b>\$35.00</b>
	<b><i>Treatment with Acupuncture</i></b>	<b>\$45.00</b>
	<b><i>Acupuncture Only</i></b>	<b>\$35.00</b>
	<b><i>Treatment with Active Release Technique</i></b>	<b>\$45.00</b>
	<b><i>Active Release Only</i></b>	<b>\$25.00</b>
	<b><i>Treatment with Interferential Current</i></b>	<b>\$45.00</b>
	<b><i>IFC Only</i></b>	<b>\$10.00</b>
	<b><i>Footscan with Exam</i></b>	<b>\$0.00</b>
	<b><i>Footscan Only (Gait Analysis)</i></b>	<b>\$40.00</b>
	<b><i>Orthotics</i></b>	<b>\$405.00</b>
	<b><i>Pro Sport/Arthritic</i></b>	<b>\$435.00</b>
	<b><i>Sandal Orthotics</i></b>	<b>\$455.00</b>
	<b><i>Taping per joint</i></b>	<b>\$10.00</b>

**Accepted payment methods – cash, debit card, American Express, Visa, Mastercard**

***\*\* missed appointment fee - \$25.00 \*\****

***N.B. We require 24 hours of notice for cancellation or you will be charged the missed appointment fee.***

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**Dr. Barbara Rodwin**

Welcome to our office!

Modern Chiropractic is a **natural method of health care**. In order to provide the best care possible, a thorough consultation and physical examination (x-rays if required) will be undertaken.

Treatment will be initiated only after you have been advised of the nature of your problem and all of your questions regarding your treatment are answered. If we find your complaint is not amenable to Chiropractic care, you will be referred to the appropriate health care professional.

**Payment is due when service is rendered.** If you have any difficulties, please discuss them with us.

I have read and reviewed the intake process (initial consultation, exam, and report of findings), and the fee schedule for chiropractic services, acupuncture and the Active Release Technique. If I have any questions regarding this process, I will discuss these with Dr. Rodwin and any questions regarding the fees, I will discuss these with the front desk staff.

Print Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

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

**If returning the forms via e-mail please type name in signature line.**

If you would like us to release your health information, appointment times, account information, etc. to your partner and/or family members please give us written permission below. We need your written permission with respect to this.

**Your privacy is very important to us.** If you would like to review the contents of our privacy policy, please ask at reception.

Authorized family members names: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

## Foot Scan Information

Keri-Lyn Dudgeon B.Sc. (H.K.)

\* **Shoe size and width:** \_\_\_\_\_ **regular/wide/narrow** (women's/men's)

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

What type of **exercise/athletic** activities are you involved with?

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**Please answer the following questions about your health:**

Can you walk a kilometer comfortably? **Y or N**

Do your feet hurt when you get out of bed? **Y or N**

Are your legs/knees/ or feet sore by the end of day? **Y or N**

Do you wear/have you worn orthotics in your shoes?  
If yes, how old are the orthotics? **Y or N**

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After walking long distances/or running do your shins hurt? **Y or N**

Do you experience numbness in your toes? **Y or N**

Do you have extended health benefits? **Y or N**

If **yes**, with which company? \_\_\_\_\_

Are you diabetic? **Y or N**

Do you suffer from Rheumatoid arthritis or Osteoarthritis in  
your feet? **Y or N**

Have you ever had surgery on your legs, knees, feet, ankles?  
If **yes**, please explain: **Y or N**

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## Chiropractic Health Information

(PLEASE CIRCLE YOUR ANSWER TO EACH QUESTION.  
IF YES, PLEASE EXPLAIN)

### CURRENT PROBLEM

1. What is your main problem? \_\_\_\_\_

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2. What makes it feel better? \_\_\_\_\_

3. What makes it feel worse? \_\_\_\_\_

4. How long have you had this condition? \_\_\_\_\_

5. Have you had this or a similar condition in the past? Yes                      No

If so, when? \_\_\_\_\_

6. Is this condition getting progressively worse? Yes                      No

If so, when did it get worse? \_\_\_\_\_

7. Is this condition interfering with your:

<i>Work</i>	<i>Sleep</i>	<i>Daily Routine</i>
<i>Sitting</i>	<i>Standing</i>	<i>Other</i> _____

*Exercise:* \_\_\_\_\_

8. How would you describe the discomfort you have? For instance is it dull, achey, deep, sharp, constant, intermittent, etc.

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9. Do you feel any numbness, tingling, or pain into your arms, hands, fingers, legs or feet?

Yes                      No

If so, where \_\_\_\_\_



**16. Have you ever broken or fractured any bones?**

*Yes*

*No*

*If so, which ones:*

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**17. Have you ever sprained or strained a muscle or ligament?**

*Yes*

*No*

*If so, which ones and when:*

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**18. Have you ever been involved in an auto accident?    *Yes*                      *No***

*If so, when and please describe it.*

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**19. Have you had any other personal injury or accident?**

*Yes*

*No*

*If yes, please describe:*

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**GENERAL HEALTH QUESTIONS**

20. A) Are you currently taking any medication? Yes No

*If yes, what kind and dosage:*

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B) Do you smoke or have you ever smoked? Yes No

*If yes, for how long?*

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21. Do you currently take any vitamins, minerals, homeopathic or herbal remedies?

Yes No

*If yes, what kind and dosage:*

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**WORK QUESTIONS**

22. Please describe what you do during your work day (i.e. – standing, sitting at computer, driving, lifting, hammering, etc)

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23. If at a desk, is your computer in front of you or off to the side? \_\_\_\_\_

24. Is your keyboard on the desk or on a keyboard tray? \_\_\_\_\_

25. Do you mouse left or right handed? \_\_\_\_\_

25. Do you sit back into your chair or lean forward? \_\_\_\_\_

26. Do you make use of a footstool for your feet? Yes No

**DAILY ACTIVITY QUESTIONS**

27. A) *What is the age of your mattress?* \_\_\_\_\_

B) *Would you describe it as:*

*Soft*

*medium*

*firm*

C) *What is the age of your pillow?* \_\_\_\_\_

D) *Is your pillow flat or a contour pillow?* \_\_\_\_\_

E) *How do you sleep? On your:*

*Stomach*

*Back*

*Right Side*

*Left Side*

*Combination of several* \_\_\_\_\_

28. *Do you often wear:*

*Heel lifts*

*Arch Supports*

*Orthotics*

*How old are they?* \_\_\_\_\_

*When is the last time they were checked?* \_\_\_\_\_

29. *What are your interests and hobbies? List as well how often, the distances or time of each sport.*

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30. *What is your Medical Doctor's name?* \_\_\_\_\_



**Cancer:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Tumors:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Heart Problems or heart conditions:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Strokes:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Asthma:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Allergies:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Diabetes:** **Yes** **No**  
*If yes whom,* \_\_\_\_\_

**Can you think of any other things that run in your family?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_