



THE SAFETY PIN *Life* SYSTEM

THE SAFETY PIN Life SYSTEM is a unique approach to achieving and maintaining optimal health. We use the visual analogy of a safety pin to convey an important message. When the safety pin is closed, the loop between your brain and your body is connected, fully functioning, healing and recreating new cells. When the safety pin is open, there is a disconnect, and your body may be in a diseased state.

Today in Canada, and in the rest of the western world, the priority in health care is to help people after they are already sick. That is a backwards approach to health care, and it is why as a nation we are getting sicker and sicker. Recently, a medical researcher stated it plainly, **“We are not living longer, we are dying longer.”** In other words, we have the capacity to keep people alive for longer and longer durations, but the majority of these people do not have a good quality of life. They cannot do most of the things that would allow them to live fulfilling lives.

Wouldn't it be great if we could work at staying healthy, instead of waiting to get sick? What if we could role back the biological clock on the average Canadian? What if 50 really was the new 40? Or 60 was the new 50?

That is exactly what THE SAFETY PIN LIFE SYSTEM is designed to do. We are here to help you live longer and healthier, not die longer!

How does THE SAFETY PIN *Life* SYSTEM work?

LOSS OF WELLNESS – DISCOVERY

Unique questions will lead to new answers. We will begin to look at the current state of your health and wellness. In essence, how are you doing right now? We will also ask you some detailed questions about your **history** and your **family health history**.

It is important to understand that your current health problem started years ago and was multi-factorial in origin. The only exception would be an acute trauma like a car accident or severe sports injury. Even with acute traumas the extent of the injuries is most often dependent on your health before the accident. Your answers to the following questions offer up clues to what dangers your body is currently encountering and will give us a base line for comparison to future outcomes.

DISEASE CAUSATION - ANALYSIS

We will explore which lifestyle factors are affecting your overall health and your ability to live fully alive. It is a well known fact that 80% of the risk factors for the two most feared killers; heart disease and cancer, are lifestyle related. The same is true for the majority of chronic illnesses affecting patients today.

Let's get started in understanding your health problem and finding a solution.



CONFIDENTIAL HEALTH HISTORY

Name: _____ Date: _____
 Address: _____ Email: _____
 City: _____ Postal Code: _____
 Home Phone: () _____ Cell Phone: () _____
 Age: _____ Birthdate: (d) (m) (yr) _____
 Marital Status: S M CL Sep. W D _____ Work Phone: _____
 Occupation: _____ Work Place: _____
 Spouse's Name: _____ Spouse's Occupation: _____
 Number of Children: _____ Names & Ages: _____
 Who/What referred you to our office? _____
 Previous Chiropractic Care? yes no Date of last visit: _____ X-Rays Taken? yes no

LOSS OF WELLNESS – DISCOVERY

MOTORIZED VEHICLE ACCIDENTS

Year: _____ Injuries: _____
 Year: _____ Injuries: _____
 Year: _____ Injuries: _____
 High speed collisions? >40km/hr?
 Whiplash injury?
 Un-belted accident?

FALLS

Falls from heights _____
 Falls down stairs _____
 Other falls _____
 Broken bones/fractures _____
 Falls from: Trees Roof Play structure
 Bicycle Bed Other _____

POSTURES & HABITS

Sitting >6 hours/day Stomach sleeper
 Head forward posture

SPORTS & RECREATION

Sports injuries: _____
 Participation in High Impact Activities:
 Hockey Basketball Wrestling
 Mountain bike Running Climbing
 Football Gymnastics _____

OCCUPATIONAL STRESS

Tasks _____
 Work injuries _____
 Home injuries _____
 My job requires:
 Heavy lifting Awkward positions
 Repetitive stresses Sitting long periods
 Poor Ergonomics

BIRTH TRAUMA (Your delivery)

Difficult Forceps C-section
 Epidural Suction/
 Long Vacuum Resuscitation
 (over 6 hrs) Premature



LOSS OF WELLNESS – DISCOVERY Continued

FAMILY HEALTH HISTORY

Significant health concerns your family experienced.

Parents/Siblings _____
 Spouse/Partner _____
 Children _____
 Grandparents _____

EMOTIONAL STRESS

Past or current significant emotional stresses.

Marriage Children
 Finances Work
 Parents/caregiver Recent major life
 Past Abuse Events (births/deaths)

MEDICATIONS (Prescription/over-the-counter)

List medications for any condition you are taking.

SURGERIES

For what condition(s)? List (year performed).

CHEMICAL STRESSES: NUTRITION

Do you make healthy food choices? Y N
 High intake of fruits and vegetables? Y N
 High intake of meat for protein? Y N
 Are you at your ideal body weight? Y N

CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:
 Smoke? Carry excessive weight?
 Consume Alcohol? Take recreational drugs?
 Other

DISEASE CAUSATION - ANALYSIS

SYMPTOMS AND ILL HEALTH (present state of ill health)

Finally, the years of continuing damage show up as acute or chronic symptoms.

Chief complaints(s) _____

Have any other doctors/therapists treated this problem? _____

At it's worst, this problem interferes with: your ability to work hobbies/sports family/social time

If you do not get this problem corrected, do you think it will get worse in the next 5 years?

yes no

Is this condition/discomfort the result of a work related injury or automobile accident?

yes no

On a scale of 1 to 10 (10 being the highest), rate your commitment to correcting this problem.

1	2	3	4	5	6	7	8	9	10
Very low			Moderate				Very High		



WHAT YOU CAN EXPECT NOW

YOUR FIRST VISIT

So far today we started a discovery process with you, to determine the course of your health concerns.

THIS HAS INCLUDED:

1. LOSS OF WELLNESS – DISCOVERY questionnaire.
2. DISEASE CAUSATION – ANALYSIS

NEXT WE WILL GO THROUGH:

3. A detailed HEALTH HISTORY with one of our exam specialist.
4. A CRITICAL BLOCK ANALYSIS:
A thorough SPINAL EXAMINATION by your doctor, to determine any abnormal alignment and motion patterns. And how this is detrimentally affecting the central and peripheral nerve systems and organ function (subluxation).
5. Any FURTHER IMAGING STUDIES that may be necessary such as X-Rays.
6. I give consent to an examination, x-rays and care if my case is accepted.

Signature: _____ Date: _____
Parent/Guardian (minor) _____ Date: _____

YOUR NEXT APPOINTMENT:

After the examination, your doctor will determine if you have critical blocks to healing caused by abnormal alignment or abnormal motion of your spine (subluxations) and if you are a good candidate for reconstructive or structural Chiropractic care. Your doctor will then arrange for your next visit, which is the Doctor's Report. The purpose of the Doctor's Report is to review with you the findings from your consultation and examination.

At the Doctor's Report, the doctor will give a detailed overview of how reconstructive structural Chiropractic Care works and the scientific evidence supporting the specialized work that we do. The doctor will also review **THE SAFTEY PIN LIFE SYSTEM** action plan. This will be done in a small group setting with other new patients.

We know that there is tremendous power in you fully understanding your problem and how we will work with you to correct it. That is why the Doctor's Report is detailed and very informative.

We ask that your spouse/support person comes to the Doctor's Report with you. Health information is complex and it can be difficult to explain your results and **THE SAFTEY PIN LIFE SYSTEM** action plan to your spouse/support person if they are not present at the report. Having support and understanding at home is important to your complete recovery.

After the presentation, your doctor will privately review the results of your examination and X-Rays. Your doctor will outline a course of care, discussing how long it will take to correct your spine, how often you will come in for your adjustments, and the cost for your care and correction. At that point you will be able to decide how you would like to proceed.

YOU ARE IN GOOD HANDS. YOUR HEALTH IS OUR #1 PRIORITY.

Thank you for giving us the privilege to determine if we can help you become fully alive.