

PATIENT HEALTH RECORD

Title: First Name: Surname:

Address: Occupation:

Hobbies / Interests:

Post Code: Telephone Home: Mobile:

Email:

May we contact you by email / text? Yes / No Would you like to receive our Newsletter? Yes / No

Date of Birth: Age:

GP Name and Address:

How did you hear about Well Adjusted Health?

Current Patient Relative / Friend Advert Internet Other

If you have been referred by a current patient, please print their name:
(They will be entitled to a Referral Discount)

What is the problem?
(In your own words)

Please mark problem area(s) below

Have you had it before?

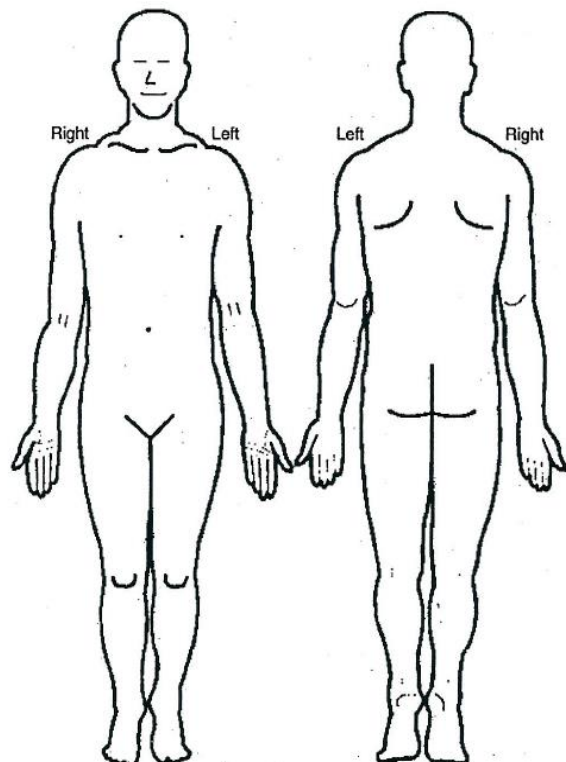
What caused it?

When did it start?

What makes it worse?

What makes it better?

Any previous treatment?



MEDICAL HISTORY

Have you consulted your GP about this problem?
What was the diagnosis?

Does your pain wake you from a sound sleep?
Do you sleep well? Yes / No / Sometimes

Are you on any medication? (Please list)

What surgery have you had?

Which bones have you broken?

What accidents have you had?
(car, falls, sports injury etc)

What major treatments have you had?
(include x-rays and tests)

Are you currently attending hospital or seeing a medical doctor?

Do you suffer from headaches? Yes / No If yes how often?

Do you consider yourself to be under stress?
(financial, work, relationship, family)

Have you recently had any major dental work?

Do you have fillings?

Do you have any piercings?

Have any close family members suffered from any of the following conditions?

Diabetes Heart Attack Stroke/TIA Arthritis Cancer Auto-immune Thyroid
Epilepsy Nervous System Gastro-intestinal

Number of children?

Any complications with birth?

Have you previously had chiropractic care?
If so, when and where?

PLEASE TICK ANY CURRENT PROBLEMS / CONDITIONS

Abdominal Pain	Cancer	Eczema	Muscular Tremors
Allergies	Chest Pain	Epilepsy	Nausea
Angina	Chronic Cough	Fainting	Night Sweats
Appetite loss / gain	Circulation	Hay Fever	Prostate
Arthritis	Convulsions	Headaches	Sight / Eye Problems
Asthma	Cramp	Heart Problems	Sleep Problems
Bladder Problems	Depression	Joint Pain	Thyroid
Bowel Problems	Diabetes	Kidney Problems	Any Other
Blood Pressure (high / low)	Dizziness	Liver Problems	
Breathing Problems	Ear / Hearing Problems	Mental Illness	

YOUR LIFESTYLE

Do you smoke? Yes / No
Have you ever smoked? Yes / No
If so when did you stop?
How many per day?
For how many years?

How many tea / coffee / caffeine based drinks per day?
How much sugar / sweeteners in each?
How much water do you drink per day?

Alcohol Consumption:
None / Daily / Weekly / Occasionally
Units per Week:
(1 large glass wine or 1 pint beer equals 3 units)

List any Food Allergies:

Do you have a special diet?

I consent to being examined.

Signed:_____ **Date:**_____

I have had the examination results explained to me and I agree to the treatment plan outlined.

I have had my questions answered satisfactorily and I consent to having chiropractic care.

Signed:_____ **Date:**_____

May we contact / write to your GP? Yes / No

I have read the Well Adjusted Health Privacy Policy and understand how the clinic will store and use my information. I understand that I can opt not to receive information from the clinic at any time.

Signed:_____ **Date:**_____

DATE

PATIENT RECORD

For office use only

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Well Adjusted Health Patient Assessment Questionnaire

As part of your treatment schedule we would like you to complete this short survey today. We will ask you to repeat this when you come for your Review. This is to help us assess your progress.

Name:

Date:

1. Over the past few days, on average, how would you rate your pain on a scale where 0 is "no pain" and 10 is "worst pain possible"?

0 1 2 3 4 5 6 7 8 9 10

2. Over the past few days, on average, how has your complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in and out of bed/chair, sleeping) on a scale where 0 is "no interference" and 10 is "completely unable to carry on with normal daily activities"?

0 1 2 3 4 5 6 7 8 9 10

3. Over the past few days, on average, how much has your painful complaint interfered with your normal social routine including recreational, social and family activities, on a scale where 0 is "no interference" and 10 is "completely unable to participate in any social and recreational activity"?

0 1 2 3 4 5 6 7 8 9 10

4. Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where 0 is "not at all anxious" and 10 is "extremely anxious"?

0 1 2 3 4 5 6 7 8 9 10

5. Over the past few days how depressed (down-in-the-dumps, sad, low in spirits, pessimistic, lethargic) have you been feeling, on a scale where 0 is "not at all depressed" and 10 is "extremely depressed"?

0 1 2 3 4 5 6 7 8 9 10

6. Over the past few days, how do you think your work (both inside the house and/or employed work) have affected your painful complaint, on a scale where 0 is "make it no worse" and 10 is "make it very much worse"?

0 1 2 3 4 5 6 7 8 9 10

7. Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your pain on your own, on a scale where 0 is "I can control it completely" and 10 is "I have no control whatsoever"?

0 1 2 3 4 5 6 7 8 9 10

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Well Adjusted Health – Privacy Notice

What is a Privacy Notice?

Under data protection law you, as a patient of Well Adjusted Health, have specific rights. To communicate these rights to you in a clear and concise manner, we are providing you with this privacy notice.

We want you to be confident that we are treating your personal data responsibly, and that we do everything we can to ensure that the only people who can access that data have a genuine need to do so.

Who Are We?

We are **Well Adjusted Health** of The Sports Pavilion, Church Lane, Ashington, West Sussex RH20 3JY, Telephone number 01903 892171, email address gdpr@well-adjusted.co.uk.

For the purposes of processing your personal data we are the controller.

The Personal Data we process & what we do with it

We record & use the following categories of personal data; name, address, telephone numbers, email address, date of birth, health information including medical history, diagnosis & treatment data. Our lawful basis of processing this data is the **contract** made when you request treatment & we agree to provide that care.

For the health information, we also have a **legitimate interest** i.e. the provision of health-related services as a chiropractic clinic. You can, of course refuse to provide this information, but if you were to do that we would not be able to provide treatment.

It is important to us that we can contact you to confirm your appointments with us or to give you updates related to your chiropractic care. In this case this is in your **legitimate interest** for us to do so.

Provided we have your **consent**, we may send you newsletters containing general health information in the form of articles or advice. You may withdraw this **consent** at any time – just let us know.

In addition, we will only examine or treat you with your explicit **consent**.

Where third parties are used by us to store your personal data, we ensure they are compliant with the data protection law.

Any records which are stored electronically (“in the cloud”) or on our office computers are password protected & comply with the General Data Protection Regulations. Your paper records are held securely either at the practice or in our archive.

We will never share your data with anyone who does not need access without your written consent.

Only the following people/agencies will have routine access to your data:

- Your practitioner (or locum) in order that they can provide you with treatment.
- Our reception staff in the course of their duties, including the organisation our diary & coordination of appointments & reminders.
- We use Clinic Answer virtual receptionist service to enable you to book, change or cancel appointments when our clinic is closed. They only have access to your essential contact details & our diary. (they do not have access to your medical history or any sensitive personal information). Any data accessed or retained on their servers is password protected & stored with the EU.
- We use Cliniko to manage our patient database & appointment diary. Again, they do not have access to your medical history or any sensitive personal information. Any information they store is held in compliance with the General Data Protection Regulations.
- We may also use SurveyMonkey to ask for feedback from you on our practice & the treatment you receive. Any information you provide may be saved on their server but will be held in compliance with the General Data Protection Regulations.
- We used MailChimp for sending bulk emails – such as survey requests. The only information they hold is email addresses & these are stored in accordance with GDPR. They do not share this information with anyone else.

Retaining your Personal Data

Whilst you are receiving treatment from our clinic we will continue to store and use your personal data. Once you have been discharged, we have a legal obligation to retain your personal data for a minimum of 8 years (or to age 25 if this is longer). After this period, you can ask us to delete this information if you wish. Otherwise we will retain your records for approximately 10 years so that we are able to provide you with the best possible care should you need to see us again. Limited information will be retained within our accounts systems indefinitely to maintain the integrity of the data.

Your Rights

As we process your personal data, you have certain rights. These are a right of access, a right of rectification, a right of erasure and a right to restrict processing.

You may request a copy of your data at any time. Please make such a request in writing or by email to the address shown above. Please provide the following information: your name, address, telephone number, email address and details of the information you require. We will need to verify your identity, so we may ask to see your passport, driving license and/or a recent utility bill.

If you believe any of the personal data we hold on you is inaccurate or incomplete, please contact the clinic directly and any necessary corrections to your data will be made promptly.

If you believe we should erase your data, please contact the clinic at the address given above.

If you wish us to stop storing or using your data, please contact the clinic at the address given above.

Data Breaches

Should your personal data that we control be lost, stolen or otherwise breached, where this constitutes a high risk to your rights & freedoms, we will contact you without delay. We will give you the contact details of the person who is dealing with the breach, explain the nature of the breach and the steps we are taking to deal with it.

Should you wish to complain

You can contact the ICO via their website: www.ico.org.uk should you wish to make a complaint about the way we are processing your personal data.

Automated Decision Making & Profiling

We do not use any system which uses automated decision making or profiling in respect of you or your personal data.