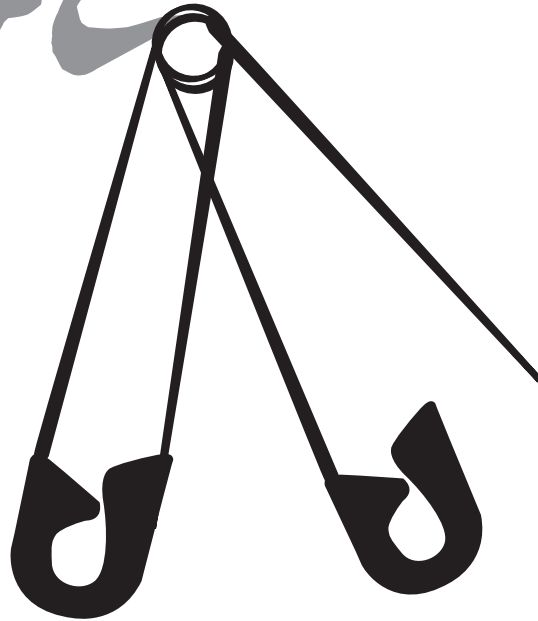


THE  
**SAFETY PIN**  
SYSTEM

*Life*



**HEALTH DANGERS** - DISCOVERY  
**DISEASE CAUSATION** ANALYSIS

# THE SAFETY PIN *Life* SYSTEM

THE SAFETY PIN *Life* SYSTEM is a unique approach to achieving and maintaining optimal health.

Today in Canada, and 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?

What if we could set up a system to allow you to do things at the age of 50 that you thought were impossible to do at the age of 40, or 30 for that matter?

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?

## 1. HEALTH DANGERS – DISCOVERY

Unique questions will lead to new answers.

We will begin by looking 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.

## 2. 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 problem and finding a solution.

# HEALTH DANGERS - DISCOVERY

## PERSONAL INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: (M) (D) (Y) \_\_\_\_\_

Workplace: \_\_\_\_\_ Office #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Single  Widowed  Married (SPOUSE'S NAME): \_\_\_\_\_ Common Law/Partner(NAME): \_\_\_\_\_

Children's names & ages: \_\_\_\_\_

## PREVIOUS TRAUMAS

### MOTORIZED VEHICLE ACCIDENTS

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

High Speed Collisions >40km/h?  Vehicles unreparable?

Whiplash injury?  Un-belted accident?

### FALLS

Falls from heights \_\_\_\_\_

Falls down stairs \_\_\_\_\_

Other falls \_\_\_\_\_

Broken bones \_\_\_\_\_

Childhood falls \_\_\_\_\_

#### Falls from:

Trees  Roof  Play structure  Bicycle

### POSTURES & HABITS

Sitting >6 hours/day  Stomach sleeper

Head forward posture

### SPORTS & RECREATION:

Sports injuries: \_\_\_\_\_

Participation in High Impact Activities:

Hockey  Wrestling  Basketball

Running  Mountain bike  Climbing

Football  Gymnastics  \_\_\_\_\_

### OCCUPATIONAL STRESSES

Occupation \_\_\_\_\_

Tasks \_\_\_\_\_

Work injuries \_\_\_\_\_

Home injuries \_\_\_\_\_

My job requires:

Heavy Lifting  Awkward positions

Repetitive stresses  Sitting long periods

### BIRTH TRAUMA was your delivery

Difficult  Forceps  C-section

Epidural  Suction  Resuscitation

# HEALTH DANGERS - DISCOVERY

## WHAT ARE YOUR PRESENT HEALTH CONCERNS?

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How long have you had this condition?

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Have you had a similar condition in the past?

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What activities aggravate your condition?

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What relieves your condition?

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Are you getting pain or numbness in your arms or legs?

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Is your condition getting progressively worse?

Yes  No  It's constant  It comes and goes

Pains are:  Sharp  Dull  Burning

Tightness  Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

0 .....10

How is this condition interfering with your life?

Work  Daily Routine  \_\_\_\_\_

Other doctors who treated this condition:

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## FAMILY HEALTH PROBLEMS?

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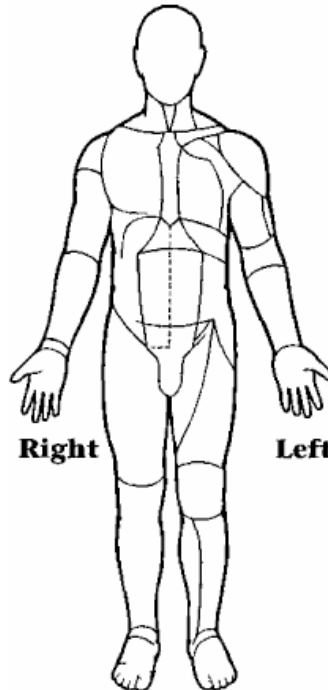


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**MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:**



Headaches  Facial pain

Vision problems  Hearing problems

Shoulder: Pain / Numbness / Tingling (circle)

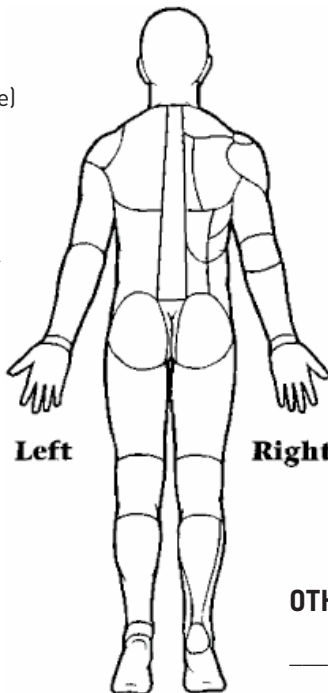
Arm: Pain / Numbness / Tingling (circle)

Hand: Pain / Numbness / Tingling (circle)

Hip: Pain / Numbness / Tingling (circle)

Knee: Pain / Numbness / Tingling (circle)

Foot: Pain / Numbness / Tingling (circle)



Neck Pain

Upper Back Pain

Middle Back Pain

Low Back Pain

Sacroiliac Pain

## OTHER HEALTH PROBLEMS?

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# HEALTH DANGERS - DISCOVERY

**PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:**

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsillitis
- Thyroid problems
- Sinus problems

## Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

## Respiratory system

- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

## Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

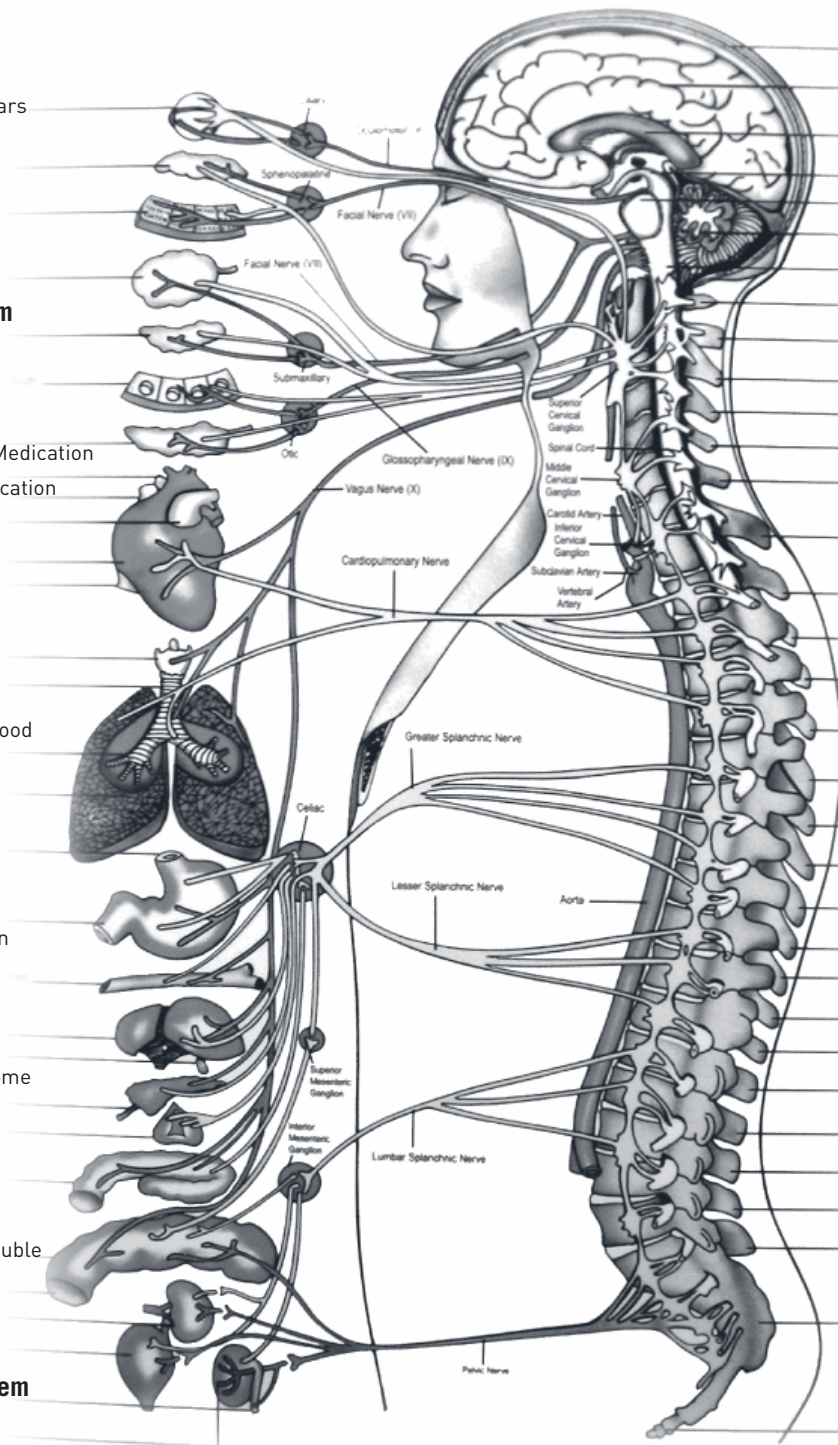
## Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis

## Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant?  Y  N

- Excessive /irregular flow
- Abnormal discharge
- Miscarriages # \_\_\_\_\_
- Date of last menstrual period: \_\_\_\_\_



## General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

## General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: \_\_\_\_\_
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

# HEALTH DANGERS - DISCOVERY

## PERSONAL INFORMATION

How has your condition affected your quality of life? \_\_\_\_\_  
\_\_\_\_\_

How has your condition affected you emotionally? \_\_\_\_\_  
\_\_\_\_\_

How has your condition affected your family life and/or relationships? \_\_\_\_\_  
\_\_\_\_\_

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years? \_\_\_\_\_  
\_\_\_\_\_

If you are a candidate for spinal reconstruction and if we were having this conversation 12 months from today, what has to happen over that time to make you feel happy with your progress? \_\_\_\_\_  
\_\_\_\_\_

What is your greatest motivation (other than pain) for seeking out a solution for your condition?  
(Mobility, quality of life, family, participation in sports, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that this condition can improve? \_\_\_\_\_  
\_\_\_\_\_

In your mind, what are some ways that you can help yourself get better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DISEASE CAUSATION ANALYSIS

## EXERCISE

Do you participate in aerobic exercise at least 30 minutes per day?

- 0 days /week                       1-2 days /week  
 3-4 days /week                       5-7 days /week

Do you lift weights or do resistance training?

- Personal Trainer: \_\_\_\_\_  
 Gym membership / name of gym: \_\_\_\_\_  
 Home program - self guided: \_\_\_\_\_  
 DVD / name of program: \_\_\_\_\_  
 Other \_\_\_\_\_

What activities are you involved in that require balance?

- \_\_\_\_\_  None

How often do you stretch per week?

- 0 days /week                       1-2 days /week  
 3-4 days /week                       5-7 days /week

## EMOTIONAL STRESS

Are you currently experiencing, or have you ever experienced significant stress in the following areas?

- Marriage \_\_\_\_\_  
 Kids \_\_\_\_\_  
 Finances \_\_\_\_\_  
 Work \_\_\_\_\_  
 Elderly Parents - Caregiver \_\_\_\_\_  
 Recent Major Life Events (births, deaths) \_\_\_\_\_  
\_\_\_\_\_

## FAMILY HEALTH HISTORY

What significant health concerns have your family members experienced?

Parents / Siblings: \_\_\_\_\_  
\_\_\_\_\_

Spouse / Partner: \_\_\_\_\_  
\_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHEMICAL STRESSES: NUTRITION

Do you feel that you make healthy food choices?

- Yes    No    Don't Know

How often, and/or how much? \_\_\_\_\_

Do you have a high intake of fruits and vegetables?

- Yes    No    Don't Know

Do you have a high intake of lean meat for protein?

- Yes    No    Don't Know

Are you at your ideal body weight?

- Yes    No    Don't Know

## CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:

- Smoke?                                       Carry excessive weight?  
 Consume Alcohol?                       Take recreational drugs?

How often, and/or how much? \_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS

For what condition(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURGERIES

For what condition(s)? List (year performed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other details that may assist the Doctor in understanding your lifestyle and health status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# WHAT YOU CAN EXPECT NOW

## YOUR FIRST VISIT

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

### THIS HAS INCLUDED:

1. **HEALTH DANGERS** - DISCOVERY questionnaire.
2. **DISEASE CAUSATION ANALYSIS**

## NEXT WE WILL GO THROUGH:

3. A detailed **HEALTH HISTORY** with one of our exam specialists.
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.

### 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 Doctors 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 SAFETY 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 comes to the Doctor's Report with you. Health information is complex and it can be difficult to explain your results and **THE SAFETY PIN *Life* SYSTEM** action plan to your spouse 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 financial investment 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.