

# Dr David Milanovich ND

## Sports Medicine + Prolotherapy Intake Form

### Personal Information

Name	Date of First Visit	
Address	Email	
City	Province	Postal Code
Telephone # (home/cell):	(work):	
Age	Date of Birth (M/D/Y)	Gender: female male
Height	Weight(lbs)	Weight 1 year ago(lbs)
Occupation		
Emergency Contact		
How did you hear about Dr. Milanovich?		

### History of Present illness

What is the nature of the injury/complaint? Be as specific as possible.

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How did this complaint develop? How long has it been occurring? Have you experienced this before? If due to an accident, please describe what happened in detail.

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Have you noticed anything that makes it better or worse?

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Have you been elsewhere for this complaint? If so, what was the diagnosis and suggested treatment?

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Have you had any Blood Work, X-rays, CAT scans, MRI's, Ultrasound, EEG's or ECG's?

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Medications – List all present medications both for the acute complaint and for chronic health concerns including drugs, vitamins/minerals, homeopathic, herbs and their dosages.

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Do you ever take Aspirin, Ibuprofen, or other NSAID? Yes / No

Are you currently taking Coumadin, Warfarin or any other anti-clotting drug? Yes / No

### Allergies + Sensitivities

Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_

Environmental or Chemical: \_\_\_\_\_

Have you ever had an allergic reaction to dental anesthesia? Yes / No

What are the symptoms you experience?

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Anaphylaxis? Yes / No

## Consent Policy

I hereby consent to receive treatment by Dr. David Milanovich ND. I understand that Dr. David Milanovich is a licensed Naturopathic Physician providing prolotherapy, nutritional and lifestyle counseling, acupuncture and traditional oriental medical care, naturopathic spinal manipulations, botanical/herbal medicine, homeopathic medicine, and intravenous/intramuscular injections.

I further understand that Prolotherapy, also know as Regenerative Injection Therapy(RIT), is an injection therapy into muscles, tendons, ligaments and joints involving Procaine & Dextrose. I am agreeing to this treatment of my own free will.

I understand the benefits of treatment are improved or resolution of pain and improved function. However, no medical treatment, including Prolotherapy, can be guaranteed to work in everyone.

Prolotherapy has been preformed on millions of people over the past 50+ years and has been proven to be extremely safe. However, there are some risks and potential complications involved with any injection therapy. They include, but are not limited to; immediate pain at the injection site, stiffness after the treatment (usually limered to 24 hours but can in some cases last as long as a week), allergic reaction to the solution, infection from the injection, injury to nerve or muscle, & spinal cord injury during back injections.

I am aware that there are alternatives to this treatment including; doing nothing, drug or herbal therapy, massage, physiotherapy, chiropractic or acupuncture.

I understand that I am responsible for the total fees incurred for treatment.

Signature: \_\_\_\_\_  
(Parent or Guardian if patient is a minor)

Please mark problem/painful areas with an X on the diagram below  
(Red marker preferred)

