

Confidential Patient History

Please read and answer Completely

Your Details

Date	File Number	Home Phone:
Surname	DOB:	Work Phone:
Given Names	Age:	M/F
Spouse/Next of Kin	Children? Y/N	Names:
Home Address:		
Work Address:		
Occupation:	Employer:	Health Fund:
How were you referred to this Office?	Another Patient Yellow Pages	Previous Chiropractor Business Card
		Medical Doctor Newspaper Advertising
		Friend Massage therapist
		Employer
	Who? _____	
Previous Chiropractor: Previous x-rays? Y/N	Where: Were you on Wellness/Maintenance Care Y/N	

Why Are You Here?

Specific health complaint you would like us to address {please describe location}
If you have an injury, how did this injury / complaint occur?
How long have you had this problem? Have you had a similar problem in the past? Y/N
What aggravates the problem? When?
What relieves the problem?
Is the problem getting: Worse? Better? Comes and Goes? Stays the Same?
Does the problem interfere with: Work Leisure/Sport Daily Routine Sleep Your Relationship

Past Health History

Are you currently suffering from any physical/mental conditions?
Details of any Surgery/Hospitalization:
Are you currently on Medication? Pain killers Anti-inflammatories Blood pressure Birth control Pills Tranquilizers Other _____

Your Expectations

- Relief of Symptoms
- To improve the health of my spine and nervous system
- To Maximize my health
- To maximize the health of my Family and Community

other side please! →