Adult Patient History for Chiropractic Care

Name: Date:

Health Card Number: Address:

Date of Birth: City:

Occupation: Province:

Home Phone: Postal Code:

Work Phone: Marital Status:

Cell Phone: Any Children?

Email: Referred By:

What is your reason for consulting our clinic?_____

Have you had previous chiropractic care? ☐ No ☐ Yes By Whom? _____ When? _____

For what condition? _____

Have you been in an auto accident? ☐ No ☐ Yes When? _____ Describe: _____

_____

_____

Please list any previous significant personal injuries: _____

_____

_____

Have you had any x-rays taken of your spine? ☐ No ☐ Yes When? _____ Where?_____

Do you sleep well? ☐ No ☐ Yes In what position? ☐ Side ☐ Back ☐ Stomach

Do you exercise regularly? ☐ No ☐ Yes For how long? _____ How often per week? _____

Do you smoke? ☐ No ☐ Yes For how long? _____ How much per day?_____

Have you been diagnosed with any of the following? ☐ Diabetes ☐ High blood pressure ☐ Heart disease ☐ Stroke ☐ Cancer ☐ Arthritis ☐ Seizures

List any surgical operations (including date): _____

_____

Indicate if you are taking any of the following drugs: ☐ Pain killers ☐ Muscle relaxants ☐ Steroids ☐ Water pills ☐ Blood thinners

☐ Antibiotics ☐ Birth control ☐ Heart medication ☐ Anti inflammatory ☐ Other _____

List any other health problems or concerns you are experiencing: _____

_____

1) How long has your present condition existed? _____

2) Is it getting worse, better, or staying the same? _____

3) How did it start? _____

_____

4) What makes it worse? _____

5) What makes it better? _____

6) What type of previous care have you had for this condition (chiropractic, massage, acupuncture, etc.)? _____

_____

_____

Please underline any conditions which are presently causing you concern.

NEUROLOGICAL	MUSCLE & JOINT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
Visual disturbance	Neck stiffness	Chronic cough	High blood pressure	Nausea
Co-ordination difficulties	Neck pain	Chest pain	Hardening of arteries	Vomiting
Dizziness	Back stiffness	Difficulty breathing	Swelling of ankles	Diarrhea
Slurred speech	Back pain			Constipation
Headaches	Swollen joints			
Facial numbness	Shoulder pain			
Difficulty swallowing	Foot pain			
	Spinal curvature			

Please mark areas of pain on the figures below.