## WELCOME TO OUR CHIROPRACTIC OFFICE

A complete history is necessary for your doctor to fully understand your condition. Please fill in both sides of this form. If your present condition is the result of a motor vehicle or work related accident, please notify the front desk. (Additional information will be required.) We look forward to serving you.

Name	Se	x: Male / Female Home Phor	Have you had any sen
Address	City	Postal Code	2
E-mail address	es, etc.? (Describergive dates)	Cell Phone	i lave you had any acetd
Age Birthdate (month)	(day) (year)	MSP Personal Health #	
Occupation	Employer	Bus. Phone	Any history of cavitona
Contact Person (in case of emergency)	Name	Relation to	you
ióe on a regular basis:	Phone (home)	(work)	60
Whom can we thank for referring you?	Friend Relative Chiro	practor M.D. Name?	Dizzinese
Or: Google Online Yellow Pages Sign	Yellow Pages Book Other	Example Constitution	Headwhes
Have you received treatment by a Chirop	ractor this calendar year? Yes	No Whom?	Tre nisily
If not, how long has it been since last tre	atment?	Blood Type	Indigediou
Number of children	Are you pregnant at this mor	nent?	Deperation
Is this an ICBC 🛛 or WCB 🖵 case?	Claim Number	Kinging in cars	Bursidis
Purpose of this appointment (major com	plaint)	ets Eyrapata ets Entise really	
8	DBDculty breached	Try Left	Sciartica
How long has this condition been presen	t?	Should entry him w	seenontrine to RoySin (
What caused this condition? (Describe)	belinous (.aucer	Diabetes ireart co	Family history al: TB
Moderate Light holie	None Heavy	avv Moderate Light	Litestyle Choices: H
Is this condition: getting worse?	remaining constant?	coming and going?	other
Describe	anne gasic .		Collee/Isa/Aolt Drinks
What activities aggravate your condition	?		linaceo
What relieves the problem?	Strass		Prescription Drugs
What are you unable to do because of thi	is problem?		Mon-prescription Drugs
Have you received other forms of treatme	ent for your condition? (medica	l, physiotherapy, etc.) (Describe)	Are you weating: Heel
present):	at stresses an your rite (past and	about your health and/or significan	Additional Information
Have X-rays been taken?	When?	Where?	
What part of your body was X-rayed?			
Have you been treated by a medical phys	ician in the past year for any he	alth problems? (Describe)	Please indicate the type
1 On going prevention and wenness care.	Family physician's n	ame	L Relict of pairs a
Are you taking any medication, drugs, or	supplements? (Describe)	office any the reservasibility of the path out is due at time of anytee.	Services realized in this of the services realized in the service of the service

Please Complete Reverse Side

Have you had any surgery, open	Weight: lbs	al management dig a target real set	the many of the second states of the
lave you had any surgery, open	autors: (Describergive dates)	tor for any realist the second acceler.	cos na por naciona por la numera de nacional de la serie de la s
Have you had any serious illnes	sses? (Describe/give dates)		
Have you had any accidents, bi	roken bones, sporting injuries, et	c.? (Describe/give dates)	
inte you nut any accidence, or	torien bones, operang injunes, er		
Any history of any ironmontal t	avioitu? (Describe/give dates)	(asiw) (gab)	
Any history of environmental t	oxicity? (Describe/give dates)	Second and a second and a second and a second a	and the providence of
non to page	$p = \frac{1}{2}$	and the second	sens la succert à coursel man-
GENERAL	SYMPTOM SURVEY — Please c	heck those that you experience on a reg	gular basis:
Allergy	Spinal curvatures	Nosebleeds	Pleurisy
muciey			
Dizziness	Poor posture	Sinus problems	Varicose veins
0,	Poor posture Constipation	High blood pressure	Frequent urination
Dizziness		High blood pressure	Frequent urination Kidney infection or stone
Dizziness Fatigue	Constipation	High blood pressure     Low blood pressure     Pain over heart	Frequent urination     Kidney infection or stone     Prostate trouble
Dizziness Fatigue Headaches	Constipation Diarrhea	High blood pressure         Low blood pressure         Pain over heart         Poor circulation	Frequent urination     Kidney infection or stone     Prostate trouble     Menstrual cramps or backace
Dizziness Fatigue Headaches Loss of sleep	Constipation Diarrhea Colitis	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat	Frequent urination     Kidney infection or stone     Prostate trouble     Menstrual cramps or backace     Excessive menstrual flow
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes          Irregular cycle
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backace          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related         symptoms	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backace          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis Bursitis	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness         Ringing in ears	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related         symptoms         Alcoholism	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles          Epilepsy
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis Bursitis Foot trouble	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness         Ringing in ears         Visual symptoms	High blood pressure          Low blood pressure          Pain over heart          Poor circulation          Rapid heart beat          Slow heart beat          Hernia          HIV+ &/or AIDS-related         symptoms       Alcoholism          Anemia	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles          Diabetes
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis Bursitis Foot trouble Low back pain	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness         Ringing in ears         Visual symptoms         Eye pain	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related         symptoms         Alcoholism         Stroke	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles          Diabetes          Hypoglycemia
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis Bursitis Foot trouble Low back pain Neck pain or stiffness	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness         Ringing in ears         Visual symptoms         Eye pain         Bruise easily	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related         symptoms         Alcoholism         Stroke         Chest pain	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backac          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles          Diabetes          Hypoglycemia          Hemorrhoids
Dizziness Fatigue Headaches Loss of sleep Tire easily Ulcers Indigestion Nervousness / worry Depression Arthritis Bursitis Foot trouble Low back pain	Constipation         Diarrhea         Colitis         Bedwetting         Nausea         Asthma         Colds         Cough         Deafness         Ringing in ears         Visual symptoms         Eye pain	High blood pressure         Low blood pressure         Pain over heart         Poor circulation         Rapid heart beat         Slow heart beat         Hernia         HIV+ &/or AIDS-related         symptoms         Alcoholism         Stroke	Frequent urination          Kidney infection or stone          Prostate trouble          Menstrual cramps or backack          Excessive menstrual flow          Hot flashes          Irregular cycle          Lumps in breast          Swelling of ankles          Diabetes          Hypoglycemia

Lifestyle Choices:	Heavy	Moderate	Light	None		Heavy	Moderate	Light	None
Alcohol					Exercise				
Coffee/Tea/Soft Drinks					Sleep				
Tobacco					Appetite	· · · · · · · · · · · · · · · · · · ·			
					and the second s				
Prescription Drugs					Stress			s the prohibit	ernier nets
Non-prescription Drugs	·				Leisure	Million and	in hereinen of	an alcistra a	ny m. udv
Are you wearing: 1	Heel lifts	:	Sole lifts		Inner soles		Arch supp	orts	an a

Additional information about your health and/or significant stresses in your life (past and present):

Please indicate the type(s) of chiropractic care you are interested in receiving:

Relief of pain and other symptoms

Rehabilitation of injury

On-going prevention and wellness care

Services rendered in this office are the responsibility of the patient should medical services plan or other third party plans fail to pay all or part of the amount due. Payment is due at time of service.