

Confidential Patient History
All information is confidential

Name: _____ Date: _____

Health # _____ DOB: _____ Sex: M F

Patient # _____ Doctor: _____

SGI _____ WCB _____ Other _____

Mr.
Name: Mrs. _____ DOB ____ / ____ / ____ Age: ____
Ms. Mo Day Yr.

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Telephone:(home) _____ (work) _____ (cell) _____

Occupation: _____ Employer: _____

(Student – School) _____ Email: _____

Marital Status: Single Cohabiting Married Separated Divorced Widowed

Name of Spouse: _____ Number of children: _____

Health Information:

1. What is your major complaint? _____

2. How long have you had this condition? _____

3. If know, state how this injury occurred: _____

4. Have you had this condition in the past? Yes No

When? Other details: _____

5. Medical Doctor: _____

6. Have you seen any other physicians/therapists for this condition? Yes No

Whom? _____

7. Have you had previous chiropractic care? Yes No

By whom? _____

8. What is your approximate weight? _____ height? _____

9. Referred to this clinic by: _____

10. Have you had an x-ray for this condition? Yes No

When? _____ Where? _____

11. Is this condition: Job related Auto related Home injury Unknown

12. Present health other than the above listed complaints: _____

13. List in order, most recent first, with approximate dates:

a) Surgeries _____

b) Broken bones, dislocations _____

c) Serious illness _____

14. Are you taking any medications? Yes No

Blood Pressure Pills	Anti-inflammatory	Pain Killers	Insulin
Blood Thinners	Birth Control Pills	Heart Pills	Sedatives
Muscle Relaxants	Antidepressants		

List medications and specify for what condition: _____

15. Do you have any other spinal problems? Yes No Describe: _____

16. Exercise pattern other than work: _____

17. Are you a smoker? Yes No

18. Any addition comments you feel may benefit the doctor regarding your present condition or general health? _____

Signature of patient: _____

Signature of Parent/Guardian if under 16: _____