

Montgomery Chiropractic plus

4704 Bowness Road N.W. Calgary, Alberta T3B 0B4

Telephone: 403-247-3231 Fax: 403-247-3990

CLIENT INFORMATION FORM

Name: _____

Address: _____

Email: _____

Phone: Home: _____ Cell/work: _____

Gender: Female: _____ Male: _____ Birthdate (dd/mm/yy) _____

Occupation: _____

Leisure/sport activities: _____

Daily percentage of:

Sitting _____ Kneeling _____ Standing _____ Lifting _____

HEALTH STATUS

Present health condition: _____

Present treatment (specify) i.e. Physician, Physical Therapist, Chiropractor

Present medication (specify):

Describe your physical history. List injuries, ailments, illnesses, surgeries, pregnancies and any significant medical treatments. Check all body parts that are involved – where necessary, please specify Right (R) or Left (L).

___ Head ___ Arm/Hand ___ Lower back ___ Hip/Pelvis

___ Neck ___ Upper Back ___ Ribs ___ Knee

___ Shoulder ___ Middle Back ___ Abdomen ___ Ankle/Foot

Specify PERMANENT disabilities that restrict exercise or range of motion.

