

**Welcome to our centre**

Date  
 First Name: ..... Surname:.....  
 I Like to be called (nick name).....  
 Age..... Birth date ..... Female/Male (F/M).....  
 Occupation ..... Duties involved.....  
 Address.....  
 Phone: (H) ..... (W) ..... (M).....  
 E-mail.....  
 Number of Children..... Ages of Children.....  
 Who referred you to our centre .....  
 What was it they said that encouraged you to come to us?  
 .....

Have you been to a chiropractor before.....  
 How was that experience.....

My purpose in coming here (please tick any appropriate box)

- 1. To get out of pain or address a health problem ONLY
- 2. To deal with a health concern and also learn more about my health
- 3. To maintain my good health and increase my vitality
- 4. To create the possibility of life time wellbeing for me and my family

From which sources do you get your health information from?

- |            |                          |              |                          |
|------------|--------------------------|--------------|--------------------------|
| GP         | <input type="checkbox"/> | Family       | <input type="checkbox"/> |
| TV         | <input type="checkbox"/> | Friend       | <input type="checkbox"/> |
| Magazines  | <input type="checkbox"/> | Traditions   | <input type="checkbox"/> |
| Newspaper  | <input type="checkbox"/> | Workshops    | <input type="checkbox"/> |
| Internet   | <input type="checkbox"/> | Education    | <input type="checkbox"/> |
| Occupation | <input type="checkbox"/> | Gym/Trainer  | <input type="checkbox"/> |
| Books      | <input type="checkbox"/> | Not informed | <input type="checkbox"/> |

How much do you know about the different types of Chiropractic Care?  
 Nothing at all  A little informed  Well informed   
 Would like to learn more  I don't want to be informed   
 I'm currently very sceptical  I'm currently a little apprehensive/scared

**DOCTORS NOTES:**

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If you have no symptoms or complaints and are here for Chiropractic Wellness Services (spinal and postural hygiene), please skip the 'Symptoms or Pain' section and go straight to the "General Health History" section



## Symptoms or Pain

List your **Symptoms or Pain** according to what concerns you the most and Rate the **Severity**

(1 = Mild Pain to 10= Worse Pain Imaginable)

1	/10
2	/10
3	/10

	What % of time is the pain present in a day	When did this episode start?	Have you had this before (Y/N)	Was there an injury to cause this? And if So is this a Workcover or TAC claim?
1	%			
2	%			
3	%			

	Any activities or position that <b>Relieve</b>	Any activities or position that <b>Aggravate</b>	Does the pain travel (eg into legs or arms?)
1			
2			
3			

Who else have you seen about this condition and what was the outcome?

- 1 .....
- 2 .....
- 3 .....

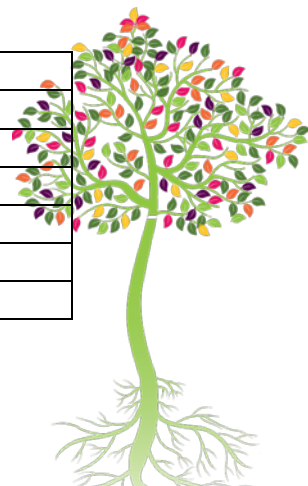
Is this problem interfering with your work, sleep, daily routine, sports/exercise or Other ?

- 1 .....
- 2 .....
- 3 .....

Are there any other concerns that you have about this current complaint/symptom?

- 1 .....
- 2 .....
- 3 .....

Doctors Notes:



## General Health History

### Physical

Have you had any surgeries?

1 Type:	When?
2 Type:	When?
3 Type:	When?

Have you had any accidents (car, work injuries around the home?)

1 Type:	When?	Hospitalised? Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Type:	When?	Hospitalised? Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Type:	When?	Hospitalised? Yes <input type="checkbox"/> No <input type="checkbox"/>

Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck? **Yes**  **No**

Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back.. Do you ever feel the need to crack or pop your neck or lower spine? **Yes**  **No**

Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture?

Poor - 1      2      3      4      5      6      7      8      9      10 - Excellent



## Current Medicines and Supplements

Please list any medications/drugs [prescription and non-prescription] (this includes the Oral Contraceptive Pill, pain killers, chemotherapies, blood pressure medications, aspirin etc.)

Medicine/Supplement	Purpose	Use currently	Used in Past
1		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates
2		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates
3		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates
4		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates
5		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates

## Mental and Emotional Stressors

Have you experienced any of the following in the past 5 years?

- Sudden loss of family/friend? Yes  No  Details.....
- Major financial/Business loss? Yes  No  Details.....
- Bullying at home/work/school? Yes  No  Details.....
- Major relationship break up? Yes  No  Details.....
- Other mental/emotion trauma? Yes  No  Details.....

## Systems Review

Are you currently experiencing ANY PROBLEMS with the following!

Headaches Yes No	Bladder Control Yes No	Balance loss Yes No	Loss of Smell Yes No	Bleeding Yes No
Blurred Vision Yes No	Constipation Yes No	Menstrual Yes No	Numb Arms Yes No	Broken Bones Yes No
Ringling in Ears Yes No	Diarrhoea Yes No	Jaw Pain Yes No	Numb Legs Yes No	Mental Focus Yes No
Dizziness/Fainting Yes No	Chest Pressure Yes No	Tingling Face Yes No	Fever Yes No	Severe Fatigue Yes No
Vomiting/Nausea Yes No	Mid Spine Pain Yes No	Loss of Taste Yes No	Calf Cramps Yes No	Infections Yes No

## DOCTORS NOTES


Our Philosophy Chiropractic provides three types of care. The first is **initial Intensive Care** which corrects the most recent layer of spinal damage. This care usually reduces or eliminates the symptoms. Then **Reconstructive Care** begins which corrects the damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained to you at your Report of Findings to enable you to choose a course of care that fits your health goals.

