



ADVANTAGE CHIROPRACTIC

Patient History



178 Keefer Place,
Vancouver, BC V6B 5K2
Tel: 604-558-0860
Fax: 604-558-0862

Name: _____ Date: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Birth date: (day/month/year) ____ / ____ / ____ Gender: Male or Female

Occupation: _____ Spouse: _____

How did you hear about the office? _____

Do you have extended health care benefits? Yes or No

If YES, please find out about it before your next visit.

History

List all Motor Vehicle Accidents you have had: (dates and severity)

List all past impacts, hard falls, sports, concussions, broken bones etc. (dates and severity)

How many hours a day do you spend sitting? _____

List type of exercise you do and frequency per week

List all medications you are currently taking:

List all major surgeries you have had (include dates):

Are you pregnant? Yes or No If so, when is your due date? _____

Current

What is your chief complaint- the reason you came to the office?

How long have you been tolerating your main complaint?

Have you ever had this problem in the past? Yes or No If so, when? _____

Have you seen any other practitioners for this problem? Yes or No

If yes, whom? (circle all that apply)

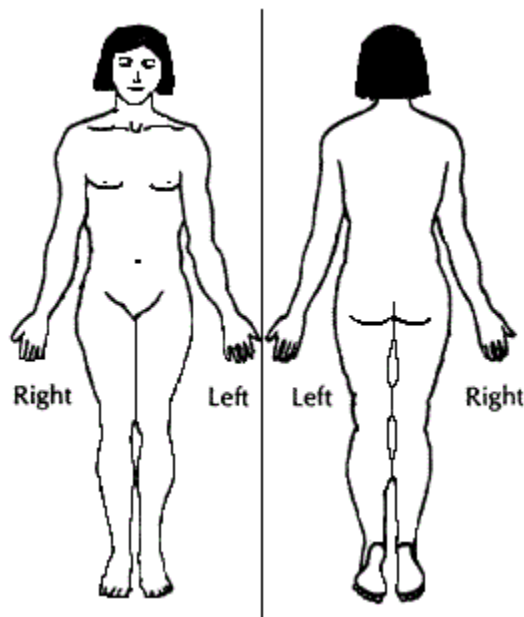
Chiropractor Massage Naturopath Acupuncture TCM
MD Neurologist Orthopedist Personal Trainer Physiotherapy

What makes the problem worse? _____

What makes the problem better? _____

On the diagram below, show WHERE you are experiencing all of your present complaints USING the following letters:

- A: ACHING**
- B: BURNING**
- C: CRAMPING**
- D: DULL**
- G: TIGHT**
- N: NUMBING**
- R: THROBBING**
- S: STIFF**
- T: TINGLING**



Does the pain travelling down your: Arms? Yes or No Legs? Yes or No

What is the severity of pain on a scale of 1-10 today? ____ / 10 At its worst? ____ / 10

When does your pain occur? (circle one) AM or PM or VARIES or ALL DAY

What specific life activities does it interfere with? (work, sleep, leisure, sleeping, driving, etc)

Have you lost time from work because of it? Yes or No If so, when? _____

Rate your level of commitment to resolving this/these problems (10 being the highest)

1 2 3 4 5 6 7 8 9 10