harwoodchiropractic

freedom to live

Name (Full):____ Age:______ DOB:___/___/____ **Sex: M / F**

What do you like to be called:___________ Occupation:___________ Email Address:__________________________

Address:____ Postal Address:___________________________________

Home Ph:_______________ Mobile:______________________ Work Ph:_____________________

What is the best time to contact you and by what means:____

How did you find out about us:_____________________________ Health fund:______________________

YOUR HEALTH PROFILE:

What brings you into our office? Please briefly describe your chief concern, including the impact it has had on your life - the "what; when; where and how" of your complaint. If you have no symptoms or complaints and are here for continuing your Chiropractic Wellness Care, please skip to the General History section:

____

____

____

Since this started, it is: The Same _______ Getting Better _________ Getting Worse_______

What makes the problem worse?

____

What, if anything makes it feel better?

____

Does this interfere with your: Work______ Leisure______ Sleep_____ Sports_______ Other:_________

GENERAL HISTORY:

List all medications you are taking and why: (Prescription and non-prescription)

____

____

Have you had any fractures, surgeries or hospitalisations? (Please include all surgeries and Years)

____

____

Have you ever had any motor vehicle (including motorbikes) accidents or falls greater than 1m?

____

On a scale of 1-10 describe your stress levels:

(1= none/ 10=extreme) Occupational: ______________ Personal: _______________

On a scale of 1-10, (1 being very poor and 10 being excellent) describe your:

Eating habits: _________ Exercise habits: _________ Sleep: _________ General Health: _______

I consent to a professional and complete chiropractic examination and to any radiographic examination that the chiropractor deems necessary. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Signature____ Date: _____/______/_______

Thank you for filling out this form. This is your first step to better health!

Please return this to our staff and someone will be right with you.