harwood chiropractic
freedom to live

Name:		DOB:	Sex: M / F / Other
What do you like to be called:		Occupation:	Phone:
Email Address:			
Postal Address:			
Emergency Contact Name:	Emergency Contact Number:		
Health Fund:	How did you find out about us:		

Your History:

What prompted this visit?   Pain   Other symptom   Maintenance/ Health Enhancement

If pain or other symptom:

Where is your pain/symptom?

How severe is it?   No Pain   1   2   3   4   5   6   7   8   9   10   Crippling Pain

Is it: constant   or   intermittent

Which best describes your pain?   Ache : Sharp : Burn : Grab : Throb : Stiff : Other

Does your pain radiate? Yes / No   : If so, where ?

How long have you had this pain/symptom?

What do you think caused this episode?

Are you: Getting better : Getting worse : Staying the same

What eases your pain?

What aggravates your pain?

Have you had this pain before?

When did you last visit a chiropractor?

General History

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

List any fractures, surgeries, hospitalisations or motor vehicle accidents? (Including non-spinal)

I consent to a chiropractic examination and if required, radiographic examination, that the chiropractor deems necessary.

I understand that a fee for service rendered is due at the time of service and cannot be deferred to a later date.

Signature: Date:

Please pass on all X-ray and relevant documentation to reception staff before entering the consultation room.