

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PATIENT INFO UPDATE**

Date of last Chiropractic appt: \_\_\_\_\_ Clinic: \_\_\_\_\_ Chiropractor: \_\_\_\_\_

Title: *(Please circle)* Mr / Mrs/ Ms/ Miss/ Mast/ Dr.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (Mob): \_\_\_\_\_

Email: \_\_\_\_\_  Please tick if you do NOT want to receive newsletters, seminars info or special offers.

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names & Ages: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_ Covered for chiropractic? \_\_\_\_\_

Who may we thank for referring you? /How did you find us? \_\_\_\_\_

Is this injury; Work related? Yes / No A Motor Vehicle Case? Yes / No A general check-up? Yes / No

**CURRENT HEALTH**

What brings you in today? \_\_\_\_\_

Is this the same issue you were under previous care for? \_\_\_\_\_

What caused it? \_\_\_\_\_

Briefly describe any symptoms/issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a scale of **1 – 10**, (where 10 is the worst) how bad is the condition? Today? \_\_\_\_ /10 At its worst? \_\_\_\_ /10

What makes the symptoms better? \_\_\_\_\_

Have you consulted anyone about your problem?  Yes  No Who: \_\_\_\_\_

Since you last visit have you:

Had any surgery?  Yes  No List: \_\_\_\_\_

Had any accident (Falls, MVAs, etc)?  Yes  No List: \_\_\_\_\_

Been Hospitalised  Been knocked unconscious?  Had a fractured/broken bone?

Please specify: \_\_\_\_\_

List any medications / drugs you are taking? *(Please tick)*

Pain-Killers  Anti-inflammatory  Muscle Relaxants  Anti-Depressants  Birth Control Pill

Other - Please list \_\_\_\_\_

Any vitamins/minerals/supplements: \_\_\_\_\_

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I consent to a professional and complete chiropractic examination. I have completed this form accurately and to the best of my knowledge. I understand that any fee for service is due at the time of service and cannot be deferred to a later date.

Print your name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_