

Please list the doctors who you consulted for these conditions:

- 1. _____ Diagnosis given: _____
- 2. _____ Diagnosis given: _____
- 3. _____ Diagnosis given: _____

Have you ever been to a Chiropractor before? Yes No If yes, when? _____

Name and address of current GP: _____

Date of last physical: ____ / ____ / ____

Please list any operations you have had (and ages):

- 1. _____ 2. _____ 3. _____

Please list any serious illnesses you have had (and ages):

- 1. _____ 2. _____ 3. _____

Please list any traumas, accidents, broken bones or injuries you have had (and ages):

- 1. _____ 2. _____ 3. _____

Are you currently taking medication (including the contraceptive pill)? If yes, what type and what for?

Do you smoke? Yes No If yes, how many per day? _____ for how many years? _____

Females Only: Is there any possibility that you are pregnant? Yes No Date of last period: ____ / ____ / ____

Has any blood relative (not including your spouse) had any of the following. If yes, please specify (who, what, when):

Bone or Joint disease (Arthritis / Osteoporosis) _____

Vascular disease (Heart disease / Stroke / Blood Pressure) _____

Cancer (Benign / Malignant) _____

Respiratory problems (Lung / Chest / Asthma) _____

Digestive problems (Stomach / Bowel) _____

Reproductive problems _____

Diabetes / Metabolic disorders _____

Epilepsy / Nervous system disorders _____

Skin disorders _____

Allergies _____

Other _____

DECLARATION: This information is accurate to the best of my knowledge.

PATIENT.....SIGNATURE:....

DATE:/...../.....

CHIROPRACTOR SIGNATURE:.....

DATE:/...../.....

YOUR HEALTH GOALS

Name:.....

Date://

The purpose of this questionnaire is to enable your Chiropractor to know what your health objectives are, what your expectations are and what is important to YOU.

(Please circle your answer)

Are you happy with the way you look and feel? YES NO

How long has it been since you have felt your best? Years Months Weeks

How long have you been thinking about pursuing your health goals? Years Months Weeks

What are you most interested in improving? Overall health
Less Pains/Symptoms
Reducing Stress
Increasing your Energy and Vitality

How long do you think it will take to achieve your health goals? Years Months Weeks

Please list your desired health goals and the areas you are most interested in improving:

Do you understand how chiropractic can help improve your overall health and well-being? YES NO

Thank you

