

Last Name:		First Name:	Gender: M / F / Other	
Address:		City, Province:	Postal Code:	
Phone (Home) (    )		Phone (Work) (    )	Phone (Cell) (    )	
Alberta Health Care #			Third Party Insurance #	
Emergency Contact Name:			Emergency Contact Phone (    )	
Date of Birth:	Age:	Height:	Weight:	
Occupation:			Marital Status: Single Married Widowed Divorced	
Email address:				

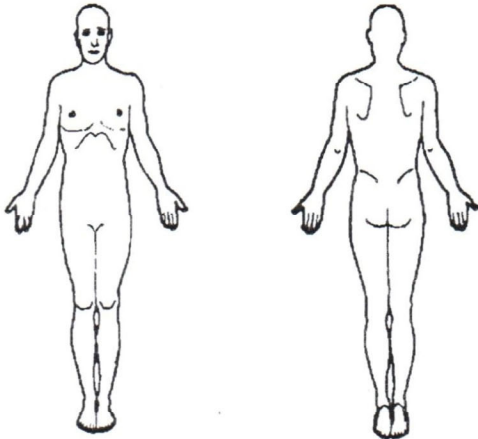
Who referred you to our office? \_\_\_\_\_

Reason(s) for appointment: \_\_\_\_\_

When did your condition begin? \_\_\_\_\_

Please check all answers and fill in the blanks where appropriate.

Indicate the location of your pain by shading in the appropriate area(s):



**How long have you had the condition?**  
 Days\_\_ Weeks\_\_ Months\_\_ Years\_\_

**Did your complaint(s) come on:** Suddenly?\_\_ Gradual\_\_

**Is this complaint(s) getting:** Better?\_\_ Worse?\_\_

**Is the condition worse in the:** AM?\_\_ PM?\_\_ No change?\_\_

**Is the problem:** Constant?\_\_ Intermittent?\_\_Worse w/ movement\_\_

**Does the condition interfere with:**  
 Sleep?\_\_ Work?\_\_ Family Life?\_\_ Exercise?\_\_

**What aggravates your condition/pain?** \_\_\_\_\_

**What relieves your condition/pain?** \_\_\_\_\_

**What have you done for the complaint(s) so far?**  
 Meds?\_\_ Massage?\_\_ Physio\_\_ Acupuncture?\_\_ Exercise?\_\_

**Do you experience any tingling or numbness in your?**  
 Arms?\_\_ Hands?\_\_ Buttocks/Hips?\_\_ Legs?\_\_ Feet?\_\_

Indicate the severity of the pain by circling a number:

| 0 1 2 3 4 5 6 7 8 9 10 |

No pain

Extreme pain

ACHY >>>> NUMBNESS ===== THROBbing ~~~~~  
 PINS & NEEDLES oooo STABBING ////

Have you had previous chiropractic care?  Yes  No Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Family doctor name: Dr. \_\_\_\_\_

List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: \_\_\_\_\_

Have you had X-rays, MRI, or other tests for this condition?  Yes  No Which tests, when? \_\_\_\_\_

Is this a work related injury?  Yes  No Has your employer been notified?  Yes  No