South Calgary Family Chiropractic

Confidential New Patient Health History

Name:____ Date:____________________

Alberta Health Number ____________________Birth Date _______________ Sex: M_____F_____

Address: _______________________________________City:__________ Postal Code:__________

E-mail address:_____________________________________ Home Phone # ______________________

Occupation/ Employer _____________________________________ Phone # ______________________

Cell Phone # __________________________________

Extended Health Insurance Y / N Insurance Name ____

Who may we thank for referring you to this office? ____

Mission Statement: The mission of this office is to help you & your family achieve and maintain a high level of health so you can fully enjoy life, to provide a welcoming appreciative atmosphere and to help you fully understand health and chiropractic so you feel inspired to refer others.

Current Health Condition

Purpose of this appointment ____

Is this condition: Job related_____ WCB claim _____ Auto related _____ Other _______________________

Other doctors or therapies you tried for this condition: ____

What medications are you presently taking? ____

Past Health History

Surgery / Operations ____

Major Accidents or Falls: ___________________________________ Broken Bones ________________________

Hospitalizations: ____

Previous Chiropactor's name & approximate date of last visit: ___________________________________

Family Doctor's name & approximate date of last visit: _______________________________________

Have you any other health concerns that you have not had satisfactory help with? Y ___ N ___

Chiropractic is based on 4 basic principles:

1. We are innately driven to be healthy.
2. The nervous system controls every cell, tissue and organ in the body. (Gray's Anatomy)
3. A vertebral subluxation is a vertebra which is out of normal alignment or not functioning properly which ultimately puts pressure on a spinal nerve which then impairs the nerves ability to effectively communicate with the body.
4. A chiropractic adjustment is applied to correct a vertebral subluxation and restore normal nerve communication.

Below is a list of conditions which may seem unrelated to the purpose of this appointment. However these questions must be answered carefully as these can help make a proper diagnosis & treatment plan.

Please check any of the following diseases you may have had:

___Diabetes ___ Heart disease ___ Epilepsy ___ Pneumonia ___Rheumatic Fever ___ Arthritis

___ Anemia ___Pleurisy ___ Eczema ___ Whooping Cough ___ Goiter ___ Cancer

Please check the symptoms which you are suffering with now or have suffered from in the last 6 months.

Neck	Mid-back	Low Back
___ Headaches	___ Pain between shoulders	___ Constipation
___ Neck pain	___ Asthma	___ Diarrhea
___ Arm pain / numbness	___ High Blood Pressure	___ Menstrual Irregularity
___ Joint pain/ stiffness	___ Bronchitis/ Pneumonia	___ Menstrual Cramping
___ Jaw/ TMJ pain	___ Gall Bladder Problems	___ Increased bladder frequency
___ Sinus troubles	___ Heartburn/ Indigestion	___ Bladder Infections
___ Bleeding Nose	___ Low energy/ Chronic Fatigue	___ Prostate problems
___ Loss of concentration		___ Leg pain / numbness
___ Ear infections		___ Cold feet
		___ Low back pain

This office operates on fee for service, therefore payment is required at the end of each visit unless you choose one of the alternative payment plans. I understand I am responsible for the fees I incur at this office.

Patient Signature