

# CONFIDENTIAL PATIENT CASE HISTORY

Dear Patient:

Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. Thank you very much.

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Age \_\_\_\_\_ Birth date (d/m/y) \_\_\_\_\_ Sex: M F Marital Status: S M W D

Spouse's name \_\_\_\_\_ Referred By \_\_\_\_\_

## HEALTH INFORMATION:

What is your major complaint? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

Have you had this or similar conditions in the past? \_yes \_no

Other doctors who have treated this condition: \_\_\_\_\_

Other complaints: \_\_\_\_\_

How long has it been since you really felt good? \_\_\_\_\_

When was your most recent automobile accident? \_past year \_past 5 years \_over 5 years \_never

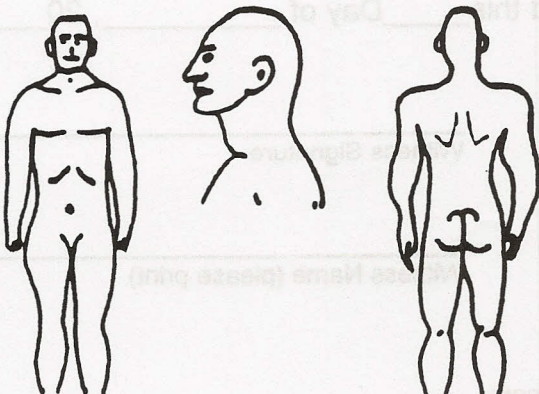
When was your most recent injury or accident? \_past year \_past 5 years \_over 5 years \_never

When was your most recent work related injury? \_past year \_past 5 years \_over 5 years \_never

Will this be a WSIB claim? \_yes \_no

Have you had previous chiropractic care? \_yes \_no When? \_\_\_\_\_

**Please mark your areas of pain on the figures below.**



**Have you ever suffered from?**

Dizziness \_\_\_\_\_

Backaches \_\_\_\_\_

Heart trouble \_\_\_\_\_

Diabetes \_\_\_\_\_

Arthritis \_\_\_\_\_

Headaches \_\_\_\_\_

Asthma \_\_\_\_\_

Jaw pain \_\_\_\_\_

Digestive disorders \_\_\_\_\_

Nervousness \_\_\_\_\_

Sinus trouble \_\_\_\_\_

Neck pain \_\_\_\_\_