Confidential Case History

Date: _____

Please complete the following questionnaire. Your answers will help us to determine if Chiropractic can help you. Thank you!

Name: _____ Date of Birth: _____ Age: _____ Sex: ☐ M ☐ F
Address: _____ City: _____ Postal Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email: _____ *by adding your email address you consent to receiving electronic reminder notices*
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced
Number of Children: _____ Children's Names (Ages): _____
Alberta Healthcare #: _____
Occupation: _____ Name of Business: _____
Emergency Contact Name and number: _____
Referred By: _____ Specific Doctor? _____

Claim Will Be Made Against:

1. Recent motor vehicle accident? ☐ Yes ☐ No
2. Work related injury/accident (WCB)? ☐ Yes ☐ No WCB # _____

Health Information:

Reason for attending office: _____
Location of pain: _____
When did you notice it? _____ How often does it occur? _____
Does it radiate? ☐ Yes ☐ No If yes, where? _____
What relieves it? _____
What aggravates it? _____
Describe how it interferes with your life, work, or hobbies: _____
_____
When have you had this or similar conditions in the past? _____
Is condition getting worse? ☐ Yes ☐ No ☐ Constant ☐ Comes And Goes
Have you had previous Chiropractic care? ☐ Yes ☐ No
Where? _____ When? _____
Why? _____ Were x-rays taken? ☐ Yes ☐ No
Other treatments tried: _____
How long has it been since you really felt good? _____

Past Health History:

Please check if you presently have or have had any of the following conditions in the past:

☐ Blurring of Vision	☐ Bronchitis	☐ Diarrhea	☐ Insomnia
☐ Stroke	☐ Asthma	☐ Stomach Ulcer	☐ Tendonitis
☐ Dizziness	☐ Respiratory condition	☐ Heart Burn	☐ Urinary Frequency
☐ High Blood Pressure	☐ Chest Pains	☐ Headaches	☐ Lower Back Pain
☐ Heart Disease	☐ Diabetes	☐ Allergies	☐ Numbness or Tingling
☐ Aneurysm	☐ Hiatus Hernia	☐ Sinusitis	in Arms or Legs
☐ Varicose Veins	☐ Constipation	☐ Ringing In Ears	☐ Menstrual Problems
☐ Osteoporosis	☐ Cancer	☐ Arthritis	☐ Depression