

Patient Information

Name: _____ Birthdate: _____

Address: _____

Postal Code: _____

Cell Tel: _____ Home Tel: _____ Work Tel: _____

Occupation: _____ Employer: _____

How did you hear about us? _____

Have you seen a chiropractor this year? _____ Whom? _____

What have you come to see the chiropractor about?

1. _____

2. _____

When did the pain start? _____

Did the pain come on suddenly or gradually? _____

Do you know what caused the pain? (eg. lifting something heavy) _____

What makes it feel worse? _____

What makes it feel better? _____

Describe the character of the pain. (sharp, gnawing, burning, throbbing, electric-like, dull, aching, nagging, stiffness) _____

How bad is the pain on a scale of 0 (no pain) to 10 (worst pain ever experienced) _____

Is your condition related to a car or work accident? _____

Describe the nature of the accident. _____

Other Comments: _____