HEALTH INTAKE FORM

Welcome to our practice. Please <u>complete</u> the following so we can complete your records.

Personal Information **Date of Last B.E.S.T. or Chiropractic Visit: _____ Where? _____**

NAME (LAST, FIRST)			BIRTHDATE (DD/MM/YY)	GENDER ___ M ___ F	
ADDRESS		APT #	CITY		PROVINCE
POSTAL CODE	CONFIDENTIAL E-MAIL ADDRESS		HOME PHONE	CELL PHONE	
CURRENT EMPLOYER	POSITION/ROLE	WORK PHONE	PRIMARY CARE PHYSICIAN (FAMILY DOCTOR) / ADDRESS / TEL NO.		
STATUS ❒ MARRIED ❒ SINGLE ❒ WIDOWED ❒ DIVORCED ❒ SEPARATED ❒ COMMON-LAW			DRIVER LICENSE # (PROVIDE CARD)		

Your Condition Today

WHY ARE YOU HERE TODAY? (EX. RECENT INJURY/CHRONIC SYMPTOM/EMOTIONAL ISSUE, ETC.)	WHEN DID IT START?
HOW INTENSE/SEVERE IS YOUR CONCERN? (1=MILD TO 10=SEVERE) TODAY? PAST 30 DAYS?	IS IT GETTING BETTER? WORSE? SAME?
WHAT CAUSED THIS CURRENT CONCERN? IS THIS AN OLD INJURY/ISSUE THAT KEEPS COMING BACK?	
PLEASE NOTE ANY RECENT: ❒FALLS ❒ SURGERIES ❒ ACCIDENTS ❒ FLARE UPS ❒ TRAUMA ❒ CRISIS ❒ MAJOR LIFE EVENTS <u>Explain</u>:	
HOW HAS CHIROPRACTIC OR B.E.S.T. HEALING HELPED IN THE PAST? HOW CAN WE IMPROVE ON YOUR EXPERIENCE?	
HAVE THERE BEEN RECENT CHANGES IN YOUR HEALTH IN GENERAL? (PLEASE INCLUDE ANY NEW MEDICATIONS OR DIAGNOSIS)	
HOW WERE YOU REFERRED TO OUR WELLNESS CENTER?	
DO YOU HAVE ANY PERSONAL OR FAMILY HISTORY OF HEART ATTACK, HIGH BLOOD PRESSURE, HEART DISEASE, OR STROKE? IF YES, PLEASE EXPLAIN:	

Signature

NAME (PRINTED)	SIGNATURE	DATE (DD/MM/YY)

Doctor's Comments

_____

_____

_____

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