

Peterborough Maximized Living Chiropractic Centre

Office Use Only

Referral Source _____	Previous Chiropractic Care? _____	When? _____
MVA? _____	WSIB? _____	Date of Injury if applicable _____

Welcome to our office!

Date _____

CONFIDENTIAL CASE HISTORY - GENERAL INFORMATION

Name _____ How would you like to be addressed? _____

Mailing Address _____ City _____ Postal _____

Home Phone # _____ Mobile # _____ Work # _____

Email _____ (required for office closures & special bulletins - we do not share your information with 3rd parties)

Occupation _____ Employer _____

Date of birth ___/___/___ Age ___ Sex M F Status Single Married Div Widowed
M D Y

Spouse/ Partner Name _____ Children (any age) Y N Names/Ages _____

Medical Doctor _____ Health Insurance Company? _____

HEALTH HISTORY

Your main complaint _____

Secondary complaint _____

When did this start? _____ In the last month? Better/Worse/Same _____

Have you suffered with this before? Y N If yes, when? _____

If you have pain, please describe (circle applicable) Sharp / Radiating / Throbbing / Aching / Other _____

Is this pain? Constant / Frequent / Occasional? On a scale of 1 to 10 (10 is worst) how would you rate your pain? _____

Do you experience numbness/tingling in your: Hands / Fingers / Feet / Toes (please circle if applicable)

Do these problems interfere with work, family, life? Y N How so? _____

Does anything make the problem(s) worse? _____

Does anything provide some relief? _____

Have you ever suffered from any of the following? (please circle)

- | | | | |
|---------------------|--------------|--------------------|------------------|
| Thyroid | Tuberculosis | Emotional Problems | Psoriasis |
| Diabetes | Pneumonia | Epilepsy | Polio |
| High Blood Pressure | Back Pain | Asthma | Cancer |
| Heart Disease | Headaches | Arthritis | Venereal Disease |
| Allergies | Ulcers | Alcoholism | HIV |

Please list ANY of the following: Significant illness, operations, accidents, falls, breaks, sprains fractures, etc.

Date:	Occurrence
1	
2	
3	
4	

History of contact sports? Y N If yes, which ones? _____

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