



Patient Case History

Dr. Michel Lalonde, BSc, DC Chiropractor

File # _____

Name _____ Date: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Home Phone: _____ Mobile phone: _____
 Date of Birth: _____ Age: _____
 Email Address: _____

Referred by: _____

Occupation: _____ Employer: _____

Marital Status: S M D W

Spouse's Name: _____ Spouse's Occupation: _____

Name of children and ages: _____ / _____ / _____ / _____

Have you ever received chiropractic care? _____

When? _____ Where? _____

We're X-Rays Taken? _____ Year: _____

Present Reason(s) for consulting our office:

- I have a symptoms/disease and would like help relieving it.
- I have a symptom/disease and would like to know how to prevent reoccurrences.
- I feel good and would like to maximize my health expression and maintain it.
- I would like to help others in my family/work place/community get the most out of life.

Symptoms and Health:

Major complaint: _____

Date complaint started on: _____ Pains are: Sharp Dull Constant

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is the condition worse during certain times of day? _____

Is this condition interfering with work? _____ Sleep _____ Routine _____ Other _____

Is condition getting progressively worse? _____

Other Doctors seen for this condition? _____

Home remedies _____

****Continued on Back**



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Patient Case History Symptoms and Health Continued...

Other symptoms: Any of the following symptoms may be signs of abnormal spinal cord tension due to Subluxations. Please read carefully and **CIRCLE PAST** and **CHECK PRESENT** symptoms.

- | | | |
|---|---|---|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Sinus/Allergies | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Memory/Concentration | <input type="checkbox"/> Constipation/diarrhea |
| <input type="checkbox"/> Sleeping (falling asleep/staying asleep) | <input type="checkbox"/> Loss of smell/taste | <input type="checkbox"/> Kidney/bladder issues |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Pins & needles in arms/hands/fingers | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Anxiety/Panic | <input type="checkbox"/> Tinnitus/ringing in ears | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Tension | <input type="checkbox"/> Chest pain/shortness of breath | <input type="checkbox"/> Numbness in legs/feet/toes |
| <input type="checkbox"/> Irritated | <input type="checkbox"/> Face flushed/fainting | <input type="checkbox"/> Fever/cold sweats |
| <input type="checkbox"/> Dizziness/vertigo/balance | <input type="checkbox"/> Stomach pain/upset | <input type="checkbox"/> Other _____ |

History of Medical & Chemical Stress:

Have you been under drug and medical care? _____

What Medications are you taking? _____

Have you had any Surgery? _____ What & When? _____

What side effects have you been experienced from the drugs and surgery? _____

Have you been in any accidents? _____ When? _____

Family Health History:

	Heart Disease / Diabetes / Arthritis / Cancer				Other	Please specify
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The purpose of our Chiropractic Office is to support and empower you in achieving optimum health. Chiropractors locate, analyze and correct subluxations (spinal misalignments which cause nerve interference). Chiropractic improves the nerve supply to your entire body and allows the Innate healing power of your body to work at maximum efficiency to restore, maintain and promote health. Chiropractic care is considered to be one of the safest and most effective forms of health care. As in all health care, however, there are some very slight but minimal risks to Chiropractic care, including, but not limited to, minor muscle strains and sprains and disk Injuries. Test will be performed to minimize the risk and the appropriate gentle Chiropractic adjusting techniques will be applied. The Doctor and/or staff will always be available to answer questions and discuss the nature and purpose of chiropractic procedures. Results cannot be guaranteed, as every person is unique.

I have read the above and consent to care at Earthway Family Chiropractic.

Patient Signature

DATE