

ADULT NEW PATIENT QUESTIONNAIRE

Name: _____ Date: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Business Phone: _____ Email Address: _____
Date of Birth: _____ Age: _____ Marital Status: _____ #Children: _____
Employer: _____ Occupation: _____
Who referred you to this clinic? _____

Do you have any extended health care insurance? Yes _____ No _____
Chiropractic, Massage Therapy or Orthotic coverage Yes _____ No _____
Is this a WSIB (Workman's Comp) case? Yes _____ No _____

Family Doctor _____ Phone: _____
Date of last spinal x-rays _____ Where? _____
Have you ever consulted a Chiropractor? _____
If yes, Dr. _____ When? _____
What is your chief complaint? _____

When did this start? _____
Have you had any car accidents, falls or fractures? Please list all & approximate dates for each: _____

Are you under any stress? _____ List drugs you take: _____

Have you had any of the following surgery/ conditions?
Spinal Surgery _____ Gall Bladder _____ Tonsils _____ Hysterectomy _____
Heart Surgery _____ Cesarean _____ Diabetes _____ Stroke _____
Cancer _____ Heart Attack _____ Osteoporosis _____ Other _____

Please check any problems you presently have or have had in the past year. (Many symptoms can be a result of nerve/tension to those areas of the body.)

CERVICAL SPINE (NECK)

- Neck pain
- Headaches
- Shoulder Pain (Bursitis)
- Tennis Elbow / Wrist Pain
- Pain radiating to the arm / hand
- Jaw problems
- Dizziness
- Nervousness
- Recurring earaches/ infections
- Recurring sinus congestion
- Visual disturbances
- Depression
- Anxiety
- Difficulty sleeping
- Nausea/ vomiting
- Fatigue

LUMBAR SPINE (LOWER BACK)

- Lower Back Pain
- Sacroiliac Pain
- Pain Radiating into the leg
- Numbness into the foot
- Knee pain/ ankle/ foot pain
- Groin and/ or testicular pain
- Constipation / Diarrhea
- Hemorrhoids
- Bladder Control Problems
- Frequent Urination at night
- Impotence
- Irregular Menstrual Cycle
- Menstrual Cramps/ Back pain
- Difficultly Getting Pregnant

THORACIC SPINE (MIDDLE BACK)

- Pain between shoulder blades
- Pain into the ribs
- Pain radiating to chest
- Shingles
- Asthma
- Heart Palpitations
- Recurring Indigestion
- Gas/ Belching
- Nausea/ Vomiting

GENERAL SYMPTOMS

- Allergies
- Unexplained weight loss
- Slurred Speech
- Loss of Smell/ Taste
- Numbness of face/ lips/ tongue

Are you pregnant? Yes No Not Applicable

Do you smoke and how much? _____

Do you exercise and how much? _____