



Westboro Beach Health Studio
303-C Lanark Ave.
Ottawa, Ontario
K1Z 6R6
613-680-5777

PERSONAL INFORMATION:

Name: _____ Date: _____

Age: _____ Email Address: _____

Male ___ Female ___ DOB: _____

Address: _____ City: _____

Postal Code: _____ Home Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Status: Single Married Divorced Widowed Common Law

Number of Children and Ages: _____

How did you hear about us? If from a patient, who may we thank for referring you?

What is the name of your primary physician? _____

May we have permission to keep your physician up to date with our doctor's findings?

Yes ___ No ___

Are you covered by insurance? Yes ___ No ___

YOUR HEALTH PROFILE:

What brings you into our office? Please briefly describe your chief concern, including the impact it has had on your life. If you have no symptoms or complaints and are here for Chiropractic Wellness Services, please skip to the General History section.

Health Concerns: Rate Severity 1=mild 10=worst imaginable

When did this start? Did the problem begin with injury?

Are the symptoms constant or intermittent?

Since the problem started, it is... ___The Same ___Getting Better ___Getting Worse
What makes the problem worse? _____

What, if anything makes it feel better? _____

Does this interfere with your: ___Work ___Leisure ___Sleep ___Sports ___Other: _____

Have you seen other doctors for this condition? ___Chiropractor ___ Medical Dr. ___Other

Name/ Address: _____

Date: _____ What was diagnosis? _____

Name/ Address: _____

Date: _____ What was diagnosis? _____

General History:

List all medications you are taking and why: (Prescription and non-prescription) _____

Have you had any surgeries or hospitalizations? (Please include all surgeries) _____

What do you do for a living? _____

Have you ever had any work related injuries? _____

Have you ever had any slips, falls or auto accidents? _____

Please circle all symptoms you have ever had, even if they do not seem related to your current problem:

- | | | | |
|--------------------------|--------------------------|------------------------|-----------------|
| Headaches | Pins and needles in legs | Fainting | Neck pain |
| Pins and needles in arms | Loss of smell | Back Pain | Loss of balance |
| Dizziness | Buzzing in ears | ringing in ears | Nervousness |
| Numbness in fingers | Numbness in toes | Loss of taste | Stomach Upset |
| Fatigue | Depression | Irritability | Tension |
| Sleeping problems | Stiff Neck | Cold Hands | Cold Feet |
| Diarrhea | Constipation | Fever | Hot Flashes |
| Cold Sweats | Lights bother eyes | Urinary Problem | Heartburn |
| Mood Swings | Menstrual Pain | Menstrual Irregularity | Ulcers |

On a scale of 1-10 describe your psychological/emotional stress levels:

(1= none/ 10=extreme)

Occupational: _____

Personal: _____

On a scale of 1-10, (1 being very poor and 10 being excellent) describe your:

Eating habits: _____ Exercise habits: _____ Sleep: _____ General Health: _____ Mind-set: _____

YOUR GOALS: At our office we concern ourselves with YOUR health and YOUR wellness goals. Please list your goals for your health and wellness in the spaces provided.

Physical Goals:

Nutritional/ Biochemical Goals

Psychological Goals

Have you ever:

Bought bottled water: Yes No

Belonged to a health club: Yes No

Consumed vitamins or supplements Yes No

If there is a need for dietary changes would you like to know? Yes No

If there is a need for specific exercises would you like to know? Yes No

If there is a need for support in the psychological/mind/body/stress dimension of health would you like assistance? Yes No

I consent to a professional and complete chiropractic examination and to any radiographic examination that the doctor deems necessary. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Signature _____ Date: _____

Thank you for filling out this form. It is your first step to Creating Wellness!
Return this to our staff and someone will be right with you.