

Grand Centre Chiropractic Patient Entrance Form

Name: _____ Your AHC # _____ - _____ Home #: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Single __ Married __ Common-law __ Any Children? _____

B.D. (d/m/y) / / Sex: M __ F __ Weight: _____ lbs Height _____

Occupation: _____ Employer: _____ Bus Phone _____

Is this a work-related or MVA injury? Yes No Date of injury: _____

Do you have extended Health Coverage? Yes No Name of insurer _____

Previous Chiropractic care? Yes No Treated for _____

What is your major complaint today? _____

This is a new complaint or a recurring old complaint. For how long _____

Is the pain – continuous – intermittent – and/or increases and decreases in intensity.

The pain started – suddenly – gradually. Is the pain getting worse? Yes No

The pain is characterized as: Sharp – Dull – Aching – Throbbing – Other _____

What activity aggravates your pain: Sitting – Standing – Bending – Twisting – Other

What helps relieve the pain: Rest – Ice – Stretching – Pain Killers – Other _____

Your pain intensity – 0 1 2 3 4 5 6 7 8 9 10

Have you had any accidents or injury? _____

Please list any surgeries and/or fractures _____

Are you taking any medications? Yes No What for? _____

Do you have any foot problems? _____

Do you want a reminder E-Mail for pre-booked appointments? Yes No

* E-Mail Address _____ *

E-Mail will be used for sending reminders if you have pre-booked or invoices if requested

Patient's Signature: _____

Date: _____

Please turn over