

PICKERING WELLNESS CENTRE

From Pain Relief to Wellness Care Naturally!!

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CHIROPRACTIC INTAKE HISTORY FORM

Please tell us about you

Name: Dr/Mr/Mrs/Miss _____
(As it appears on your health card)

Date: _____ Age: _____ Birthdate: d _____ m _____ y _____

Height: _____ Weight: _____ Shoe Size: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Occupation: _____

Home #: _____ Work#: _____ Cell# _____

Who can we thank for referring you to us? _____

Other family members under our care: _____

CONTEXT OF CARE OVERVIEW:

Please accurately describe your current health concern.

How long have you been aware that you've had a health challenge?

How do you feel things started? _____

What activities does your current health concern keep you from doing? _____

Is this a work-related injury and you were hoping compensation for your care involve WSIB? _____

Can you envision yourself being healthy, happy, and free from your current health challenges at some point in the future? Y/N If yes, how long do you see or feel this Process taking? _____

Accident/falls/traumas in the past? Please give dates. _____

Any broken bones/dislocations? _____

Medications/Vitamins/Homeopathics: _____

Current symptoms check "1" **Past** symptoms check "2"

Headaches___ Neck Pain___ Stiff neck___ Nausea___ Pins & Needles Arms/Legs___

Bowel changes___ Bladder change ___ Loss of Balance/Dizziness___ Persistent cough___

Sinus Problems ___ Shortness of Breath ___ Persistent skin sore ___ Hypertension___

Joint pain ___ Chest Pains ___ Menstrual difficulties ___ Fatigue ___ Depression ___

Other past or current health conditions: _____

Have you had skeletal X-Rays taken? Where and When? _____

Have you seen another Doctor of Chiropractic/Homeopath/Naturopath? _____

Who and When? _____

Your Medical Doctor: _____

Would you like us to inform your MD of your condition and progress? _____

At this time, I am presently interested in receiving: (circle all that apply)

Chiropractic Care (Functional and Restorative **Or** Pain relief only)

Homeopathic Care (Constitutional care or Acute relief only)

Nutritional Care (Overview of systems and needs assessment / detoxification protocols /

Digestive Support (Overview of systems and needs assessment)

Emotional Support (Neuro-Emotional Technique: NET / Homeopathic care / Herbal care /

Specialist referral)

Please rate the following statement 1–5 (1 = strongly disagree, 5 = strongly agrees)

I am here to get out of pain. Nothing else, please. ___

I would like remedies/nutritional adjuncts to speed my healing. ___

I want to address underlying causes of sickness and not just symptoms. ___

I am willing to perform recommended rehabilitative stretches and exercises. ___

I might have had a health condition long before it now became symptomatic. ___

Thank you for your time and thoughtfulness in completing the above overview. You will have the opportunity to ask any questions you'd like and I will explain all diagnostic and therapeutic procedures thoroughly before they are performed and answer any questions you have concerning any possible risk to care.

We Promise... **We'll honor your goals.** We're here to help, whether you want relief or wellness. We'll **protect your privacy** by keeping your personal information confidential. We'll **offer choices** and refer to other specialists as needed. We'll offer **clinical excellence** with the latest safe and natural chiropractic care. We'll **offer hope** because with a revived nervous system, anything is possible.