

Full Name: \_\_\_\_\_ Date : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best contact Telephone number: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

GP Surgery: \_\_\_\_\_ Permission to contact if required: Yes / No

Spouse's Name: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

Have you ever been to a chiropractor Osteopath Physiotherapy Massage before?  Yes  No

How were the results \_\_\_\_\_ Did you have x-rays?  Yes  No

### Health Conditions

Have you had any operations, been hospitalised for any reason or suffer from any other current health conditions, please list ALL previously diagnosed conditions including any inflammatory condition such as rheumatoid arthritis, gout or osteoporosis or cancer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you broken any bones or been in a trauma e.g. a car accident/fall/knock/ injury or are there any hereditary health conditions? If so please specify the injuries that were sustained/ when it occurred/ hereditary conditions.

\_\_\_\_\_

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Are you currently taking any medication? Yes  No  If yes, please name the medication or the reason you have to take them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Why have you come to see us today?

Please list your health concerns in order of their severity:	How long have you been noticing it for?	What do you think caused this problem?
1)		
2)		
3)		

## YOUR HEALTH GOALS

Circle ONE number for EACH of the following statements that best describes your painful complaint and how it is affecting you NOW. Please read each question carefully before answering.

Over the past few days, on average, how would you rate **your pain** on a scale where '0' is 'no pain' and '10' is 'worst pain possible'?

0 1 2 3 4 5 6 7 8 9 10

Over the past few days, on average, how has your complaint interfered with **your daily activities** (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping) on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'?

0 1 2 3 4 5 6 7 8 9 10

Over the past few days, on average, how much has your painful complaint interfered with your normal **social routine** including recreational, social and family activities, on a scale where '0' is 'no interference' and '10' is 'completely unable to participate in any social and recreational activity'?

0 1 2 3 4 5 6 7 8 9 10

Over the past few days, on average, **how anxious** (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where '0' is 'not at all anxious' and '10' is 'extremely anxious'?

0 1 2 3 4 5 6 7 8 9 10

Over the past few days, **how depressed** (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling, on a scale where '0' is 'not at all depressed' and '10' is 'extremely depressed'?

0 1 2 3 4 5 6 7 8 9 10

Over the past few days, how do you think **your work** (both inside the home and/or employed work) have affected your painful complaint, on a scale where '0' is 'make it no worse' and '10' is 'make it very much worse'?

0 1 2 3 4 5 6 7 8 9 10

### Personal Informed Consent and our Data Protection Policy

I give my consent to an appropriate physical examination, x rays and treatment if necessary (A consultation may involve examining buttocks, hips, groin, ribs and breast tissue as part of the diagnostic and treatment procedures)

I have received the welcome pack which includes the fee scale.

Chiropractic is recognised as being an effective and safe form of healing. In fact, due to the wonderful results, chiropractic is the largest drug-free health care profession in the world.

We want to inform you of the possible risks associated with chiropractic care.

1. You will be tested before any adjustments are applied; Sometimes you may get **pain**, a strain to a ligament or disc, or an aggravation of the underlying condition from a perfect adjustment. This may happen just like a good massage or gym session. If this occurs please call straight away, there are things your Chiropractor can do to help. If this occurs you may even require a 2<sup>nd</sup> adjustment or examination. **We never charge if you need a 2<sup>nd</sup> check or adjustment on the same day.**
2. Accidents are extremely rare and the risk of damage to neck blood vessels, which can arise in stroke or like symptoms.
3. Chiropractic adjustments of the spine are internationally recognised as being far safer than medications and many other alternatives.
5. I acknowledge the above information and do not expect the Chiropractor to be able to anticipate all potential risks and complications. Based on all the information provided.

**PERSONAL INFORMATION:** We use this information to assist and help us identify any condition which could affect your treatment. We do not share your information unless asked otherwise.

**INFORMATION SHARING:** We do not share your patient records or personal information with any third parties, insurance company or other Doctor without your consent, unless we are required by law to do so.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**