

Orchard Chiropractic Centre Introductory Form

Case No

Date

DC

Surname:

Forename:

Title:

Date of Birth:

Age:

Full Address:

Home tel:

Work tel:

Mobile:

Email Address:

Marital status:

Number/ages children:

Occupation:

Previous occupation/s:

Name/Address and Tel of GP:

Recommended/referred by:

Medical Insurance Company:

Medical History

Do you/ have you suffered from problems with any of the following? (please tick, details asked later)

- | | | |
|--|--|--|
| <input type="checkbox"/> eye/vision | <input type="checkbox"/> lung/breathing | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> ear/hearing | <input type="checkbox"/> asthma | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> nose bleeds/nasal obstruction | <input type="checkbox"/> TB | <input type="checkbox"/> chest pain/palpitations |
| <input type="checkbox"/> facial pain | <input type="checkbox"/> sore throats | <input type="checkbox"/> stroke |
| <input type="checkbox"/> encephalitis/meningitis | <input type="checkbox"/> sinus | <input type="checkbox"/> fainting/dizziness |
| <input type="checkbox"/> indigestion/heartburn | <input type="checkbox"/> diabetes | <input type="checkbox"/> allergies |
| <input type="checkbox"/> vomiting/nausea | <input type="checkbox"/> gall stones/ jaundice | <input type="checkbox"/> joint pain/swelling |
| <input type="checkbox"/> irritable bowel symptoms | <input type="checkbox"/> kidney/bladder | <input type="checkbox"/> loss of weight/ energy |
| <input type="checkbox"/> haemorrhoids | <input type="checkbox"/> prostate | <input type="checkbox"/> sleep disturbance |
| <input type="checkbox"/> skin problems | <input type="checkbox"/> epilepsy | <input type="checkbox"/> cancer |

Please list any medication being taken at present or recently

Please give details if you have...

...broken any bones?

...had any accidents eg. car / sports / falls?

...ever had major medical treatment / tests / surgery?

Do you consider yourself to be in good health?

Do you consider yourself to be under stress? financial / work / relationship / family

Is there anything else you feel you should mention about your health?