



CONFIDENTIAL PATIENT INFORMATION

Full name: _____		Date: _____	
Address: _____			
Home phone: _____		Work phone: _____	
Mobile phone: _____		Email address: _____	
Date of birth: _____		Marital status: M S W D	
No. of children: _____		Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation: _____		Spouse/guardian name: _____	
Do you have private health insurance that covers Chiropractic care? Yes <input type="checkbox"/> No <input type="checkbox"/> _____			

Who may we thank for referring you? _____

What are your reasons for consulting us today? _____

Medical Doctors name _____ Date of last visit _____

List any medications you are taking _____

Are there any illnesses that run in your family? _____

Previous X-Rays: Yes No What was X-Rayed and when? _____

Have you PREVIOUSLY suffered or do you CURRENTLY suffer from :

P C

- Epilepsy
- Dizziness
- Headaches
- Sinusitis
- Migraines
- Ear Problems
- Eye Problems
- Jaw Pain
- Sore Throats
- Cancer
- Stiff Neck
- Arthritis
- Arm Pain
- Fatigue/Tiredness
- Depression

P C

- Shoulder Pain/Stiffness
- Hand Pains
- Finger Numbness/Tingling
- Nausea
- Heartburn/Indigestion/Reflux
- Ulcer
- Allergies
- Asthma
- Mid Back Pain
- Hernias
- Blood Pressure
- Constipation/Diarrhea
- Chest Pain
- Heart Problems
- Stroke/Vascular disorders

P C

- Kidney Pain
- Frequent urination
- Bedwetting
- Menstrual problems
- Reproductive Disorders
- Prostate Trouble
- Testicular Pain
- Low back Pain/Stiffness
- Hip Joint Pain/Stiffness
- Buttock Pain
- Leg Pain
- Leg Numbness/Tingling
- Restless Legs
- Tremors

Any other diagnosed illness or disease: _____

List any falls, accidents, fractures or dislocations: _____

List any surgery and the approximate dates: _____

Please answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| Do you sleep well? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you sleep on your stomach? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any concerns with your diet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a smoker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you exercise regularly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you physically stressed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you visit your dentist regularly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What are your health goals? (You may tick more than one)

- Relief of symptoms
- Relief of symptoms, improved flexibility and strengthening of the spinal joints
- Wellness care for overall health improvement

Have you had previous chiropractic care? Yes / No

Name of previous Chiropractor: _____ Last visit: _____

Reason for care: _____

I consent to a professional chiropractic examination and any radiographic examination that the doctor deems necessary. I understand that fees are due at the time of service and cannot be deferred to a later date.

Print Patient Name: _____ Date: _____

Signature: _____

**Important Information
About This Practice and Your Privacy.**

From 21 December 2001, new privacy laws apply in Australia that regulates the way the Practice handles your personal information. These laws give you new rights, such as your right to access personal information held about you and the right to correct it if needed. The new laws also state how the Practice may collect, disclose, store and keep safe your personal information.

To enable the Practice to continue to deliver and enhance the products and services it provides, the Practice holds personal information about you. We recognise and support your right to privacy in relation to this information and will continue to handle it with care and in accordance with our professional and legal requirements.

The Practice staff will continue to demonstrate integrity and understanding by protecting and keeping secure your personal information.

We ask you to read the Practice's "**Privacy Statement**". We invite you to contact our Privacy Officer if you would like to discuss this matter further. If you wish to know more about our information handling practices you may ask us about our "**Privacy Policy**"