Patient Health Profile

The following information is to assist the doctor and will be kept in confidence.

ADJUSTED FOR LIFE
CHIROPRACTIC HEALTH CENTRE
ADDING LIFE TO YOUR YEARS

Dr. Les J. Davidson

100,2001–14th St. N.W. Calgary Alberta
T2M 3N3 403 284 4743

Patient's name ____________________

Today's date dd/mm/yy: ____________________

For Women Only

Date of last menstrual period dd/mm/yy: ____________________

Are you currently using any contraception YES ☐ NO ☐

Are you pregnant YES ☐ NO ☐

Health Assessment

Rate your overall health;
- Excellent ☐
- Good ☐
- Poor ☐

Do you get regular checkups from a;
- Dentist ☐
- Chiropractor ☐
- Medical Doctor ☐

Do you exercise;
- Daily ☐
- 3times/wk ☐
- Once/wk ☐
- Occasionally ☐

When you exercise do you work on; Strength ☐ Flexibility ☐ Cardiovascular ☐

Any prior surgery ____________________

Medications or nutritional supplements presently taken ____________________

All previous accidents (motor vehicle, sports or falls) ____________________

Current Health Complaint

Chief complaint ____________________

When did the problem begin dd/mm/yy: ____________________

The onset of this problem was: Gradual ☐ Sudden ☐

The occurrence of symptoms is
- Constant ☐
- Near constant ☐
- Frequent ☐
- Rarely present ☐
- Other ☐

The problem is worse with
- Coughing ☐
- Sneezing ☐
- Straining ☐
- Sleeping ☐
- Lifting ☐
- Rest ☐
- Activity ☐
- Weather changes ☐
- Other ☐

The problem is better with
- Medication ☐
- Rest ☐
- Activity ☐
- Stretching ☐
- Treatment ☐
- Other ☐

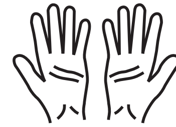
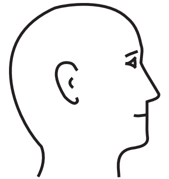
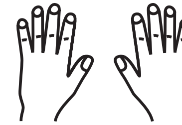
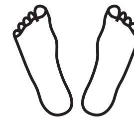
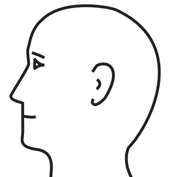
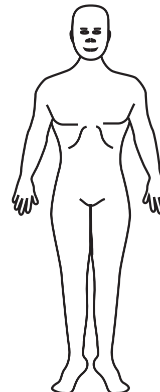
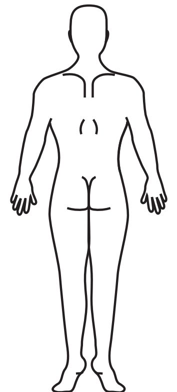
Please rate the intensity of your pain by placing an "X" at the appropriate point

Health complaint diagram

Mark the areas on your body where you feel the described sensations.
Please include all affected areas.

Please use the following symbols.

Sensation	Symbol
Numbness	—
Pins and Needles	//
Burning	≍
Stabbing pain	∇
Aching pain	○

Health Questionnaire

Musculo–skeletal system	HAD	HAVE
Low back pain	☐	☐
Pain between shoulders	☐	☐
Neck pain	☐	☐
Arm pain	☐	☐
Leg pain	☐	☐
Swollen joints	☐	☐
Stiff joints	☐	☐
Sore muscles	☐	☐
Weak muscles	☐	☐
Walking difficulty	☐	☐
Broken bones	☐	☐

Nervous system	HAD	HAVE
Numbness	☐	☐
Loss of feeling	☐	☐
Paralysis	☐	☐
Dizziness	☐	☐
Fainting	☐	☐
Headaches	☐	☐
Muscle jerking	☐	☐
Convulsions	☐	☐
Forgetfulness	☐	☐
Confusion Depression	☐	☐

Female reproductive system	HAD	HAVE
Vaginal discharge	☐	☐
Vaginal bleeding	☐	☐
Vaginal pain	☐	☐
Breast pain	☐	☐
Breast lumps	☐	☐

Cardio–vascular/Respiratory system	HAD	HAVE
Chest pain	☐	☐
Pain over the heart	☐	☐
Difficulty breathing	☐	☐
Persistent cough	☐	☐
Coughing phlegm	☐	☐
Coughing blood	☐	☐
Rapid heartbeat	☐	☐
Blood pressure problems	☐	☐
Heart problems	☐	☐
Lung problems	☐	☐
Varicose veins	☐	☐

Gastro–intestinal system	HAD	HAVE
Poor appetite	☐	☐
Excessive hunger	☐	☐
Difficulty chewing	☐	☐
Difficulty swallowing	☐	☐
Excessive thirst	☐	☐
Nausea	☐	☐
Vomiting food	☐	☐
Vomiting blood	☐	☐
Abdominal pain	☐	☐
Diarrhea	☐	☐
Constipation	☐	☐
Black stool	☐	☐
Bloody stool	☐	☐
Hemorrhoids	☐	☐
Liver trouble	☐	☐
Gall bladder problems	☐	☐
Weight trouble	☐	☐

Eye, Ear, Nose & Throat	HAD	HAVE
Eye strain	☐	☐
Eye inflammation	☐	☐
Visual problems	☐	☐
Ear pain	☐	☐
Ear noises	☐	☐
Hearing loss	☐	☐
Ear discharge	☐	☐
Nose pain	☐	☐
Nose bleeding	☐	☐
Nose discharge	☐	☐
Difficulty breathing through nose	☐	☐
Sore gums	☐	☐
Dental problems	☐	☐
Hoarseness	☐	☐
Difficulty speech	☐	☐

I understand and agree that Alberta Health Care Insurance, W.C.B. and accident insurance policies are an arrangement between an insurance carrier and myself. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services to me will be immediately due and payable.

Signature (If patient is a minor, signature of person legally responsible.) ______________________________

Patient accepted for Chiropractic care YES ☐ NO ☐ Doctor's Signature ______________________________