

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date (M/D/Y): \_\_\_\_\_

Personal Health Care # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F

Date of Birth (M/D/Y): \_\_\_\_\_ Marital Status: Single / Married / Widow / Divorced

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

How did you hear about us? (ie. Friend, Doctor, Internet) \_\_\_\_\_

Group Plan Coverage: Y / N Group Plan Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Please write down your primary health concern: \_\_\_\_\_

Are you on any medications? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Height \_\_\_\_\_" Weight \_\_\_\_\_ (Lbs)

Please circle any of the following symptoms that you may have:

Headaches

Neck pain

Menstrual problems

Dizziness

High blood pressure

Fatigue

Depression

Acid reflux

Insomnia

Numbness and tingling

sciatica/low back pain

Asthma

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Age(s) 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

What are your favorite activities? \_\_\_\_\_

**What type of Chiropractic care are you interested in?**

Just want to get out of pain: Yes / No

I want to fix my spine and improve my overall health: Yes / No

I want my whole family's spine checked and health improved: Yes / No

### *Services we offer at Physiomed*

*Chiropractic*

*Physiotherapy*

*Massage Therapy*

*Acupuncture*

**CHIEF COMPLAINTS:**

LOCATION

ONSET

DURATION

RADIATION

FREQUENCY

INTENSITY

CHARACTER

AGGRAVATING FAC.

RELIEVING FAC.

ASSOCIATED SYMP.

SYSTEM REVIEW

PAST ILLNESS

FAMILY HX

PSYCHOLOGICAL HX &amp; ACT

DRUGS

SECONDARY COMPLAINTS

DIAGNOSIS

PAYMENT

**CERVICAL SPINE AROM**

FLEXION

EXTENSION

RROT

LROT

LLF

RLF

**GAIT ANALYSIS**

OVERPRONATION L/R

Forefoot/wholefoot

HALLUS VALGUS L/R

EQUINUS L/R

PES PLANUS L/R

Functional Hallux Limitus

VARICOSE VEINS

ANKLE EDEMA

**LUMBAR SPINE AND SACRO-ILIAC JOINTS**

AROM

FLEX

EXTENSION

LLF

RLF

HEEL/TOE WALK

**MUSCULAR INVOLVEMENT**

PARASPINALS SCALENES, TRAPS:

LEVATOR SCAPULA

SUB-OCCIPITAL

LUMBAR SPINE PARASPINALS

QUADRATUS LUMBORUM