BACK IN CARE CHIROPRACTIC



Ivanhoe Chiropractic Centre
73 Livingstone Street Ivanhoe 3079
78 9499 4921

Spring St Chiropractic Centre 287 Spring Street Melbourne 3000 3 9663 9313

www.BackInCare.com.au

CONFIDENTIAL CASE HISTORY

Name		
Address		
		Postcode
Telephone		Work
Mobile		
Email		
Date of Birth	Age	Male Female
Marital Status Single Married Divorced	Separated Widow	
Do you have any children? Yes No	If yes, how many?	
500 55MM 50 0MW		
FOR FEMALES ONLY	Date of last period	11 11 A L.
Are you pregnant?	Date of last period	
Are you taking a birth control pill? Yes No		
Occupation		
Occupation Employer name, address & telephone		
Employer name, address & telephone		The state of the s
		1044501
Are you a member of a private health fund? Yes	No	
Name of fund	A. Carrier and Constitution	ropractic care? Yes No
Name of fand	7064	
Who or what referred you to this clinic?		Charles and the second of the second
e la companya de la companya della companya della companya de la companya della c		
Reason for consulting this clinic (please tick)		
I have a specific problem and I require help only with	n this problem.	
After my specific problem has been relieved, I am in	terested in ways to ensure that	t the problem does not return.
I feel well and have no symptoms. I am interested in		
Previous Health History (since birth)		
Please list all surgery/operations		
Please list all accidents/trauma		
Please list all diseases/illnesses		
	es No Unsur	re

What is your major symptom or complain	nt?	
All the patient will be		
When did your symptoms begin?		
What caused your symptoms? Acc	ident Fall Trauma il	Iness Stress Job Other
Have you had a similar complaint before	? Yes No If yes, when	?
Have your symptoms worsened	stayed the same improved	
Vhat makes your symptoms better?		
worse?		
Who have you consulted about your cond	dition?	
MD Chiropractor	Specialist Physio Other	None
Are you on any medication? Yes	No	
so, please list medication		20 mm s 2
	complaint Heart Disease Car	ncer
Arthritis	Diabetes	
a your had comfortable? Vac	NO AGO OF MATTROSSY	
s your bed comfortable? Yes	No Age of mattress?	
Sleeping position back side		
Sleeping position back side How many pillows do you sleep with?		
Bleeping position back side side downward pillows do you sleep with? Have you seen a Chiropractor before?	stomach Yes No	
Bleeping position back side side How many pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor	stomach Yes No	
sleeping position back side dow many pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor deason for treatment	stomach Yes No	Results of treatment
Sleeping position back side How many pillows do you sleep with? Have you seen a Chiropractor before? If Yes, name and address of Chiropractor Reason for treatment	stomach Yes No How often?	
leeping position back side flow many pillows do you sleep with? flave you seen a Chiropractor before? Yes, name and address of Chiropractor fleason for treatment flumber of treatments Vere X-rays taken flany health problems can be a	stomach Yes No How often?	cord controls all body functions.
leeping position back side low many pillows do you sleep with? lave you seen a Chiropractor before? Yes, name and address of Chiropractor leason for treatment lumber of treatments Vere X-rays taken Many health problems can be a	stomach Yes No How often? When? related to the spine as the spinal	cord controls all body functions.
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deeping position back side downwany pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor deason for treatment bumber of treatments Vere X-rays taken Many health problems can be a Could you please tick the following the deadache	stomach Yes No How often? When? related to the spine as the spinal wing symptoms as they apply to y Sinus Tension Loss of energy	cord controls all body functions. you: Arthritis Low back Kidney / bladder problems
Releeping position back side side flow many pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor Reason for treatment where X-rays taken for the American be a Could you please tick the follow headache Migraine Neck pain & stiffness Dizziness	stomach Yes No No How often? When? related to the spine as the spinal wing symptoms as they apply to y Sinus Tension Loss of energy Asthma	cord controls all body functions. you: Arthritis Low back Kidney / bladder problems Diabetes
Sleeping position back side How many pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor Reason for treatment Jumber of treatments Vere X-rays taken Many health problems can be a Could you please tick the follow Headache Migraine Neck pain & stiffness Dizziness Depression / nervousness	stomach Yes No How often? When? related to the spine as the spinal wing symptoms as they apply to y Sinus Tension Loss of energy Asthma Numbness / tingling	cord controls all body functions. you: Arthritis Low back Kidney / bladder problems Diabetes Female problems
Sleeping position back side How many pillows do you sleep with? Have you seen a Chiropractor before? Yes, name and address of Chiropractor Reason for treatment Jumber of treatments Vere X-rays taken Many health problems can be recould you please tick the follow Headache Migraine Neck pain & stiffness Dizziness Depression / nervousness Sleeping problems	stomach Yes No How often? When? related to the spine as the spinal wing symptoms as they apply to y Sinus Tension Loss of energy Asthma Numbness / tingling Heart problems	cord controls all body functions. you: Arthritis Low back Kidney / bladder problems Diabetes Female problems Low / high blood pressure
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Sleeping position back side How many pillows do you sleep with? Have you seen a Chiropractor before? If Yes, name and address of Chiropractor Reason for treatment Number of treatments Were X-rays taken Wany health problems can be a Could you please tick the follow Headache Migraine Neck pain & stiffness Dizziness Depression / nervousness Sleeping problems Light headed Ears ringing	stomach Yes No How often? When? related to the spine as the spinal wing symptoms as they apply to y Sinus Tension Loss of energy Asthma Numbness / tingling Heart problems Chest pain Indigestion	cord controls all body functions. Arthritis Low back Kidney / bladder problems Diabetes Female problems Low / high blood pressure
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