Adult Health History

Surname: _____ Given Names: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Marital Status: _____ No. of Children: _____

Occupation: _____ Employer: _____ Name of GP: _____

How you heard about us: ○ Referred by existing patient: _____ ○ Google Search ○ Facebook ○ Instagram ○ Event/Expo ○ GP ○ Midwife ○ Word of Mouth ○ Other: _____

Your reason for seeking our care: _____

How long have you had this complaint: _____

Is it: ○ Constant ○ Comes & goes ○ Getting worse ○ Getting better ○ Staying the same

How is this impacting your daily activities: _____

Previous diagnosis and treatment for present complaint: _____

Your nervous system controls and co-ordinates the function of your body. Please indicate any areas of concern:

- ○ Headaches/migraines
- ○ Sinus problems
- ○ Ear disorders
- ○ Balance issues
- ○ Sleeping problems
- ○ Dizziness/Vertigo
- ○ Recurrent sore throats
- ○ Loss of smell or taste
- ○ Allergies/Hayfever
- ○ Neck pain
- ○ Shoulder pain/stiffness
- ○ Arm pain/tingling/weakness
- ○ Mid back pain
- ○ Chronic cough
- ○ Asthma
- ○ Indigestion/Reflux
- ○ Nausea/Vomiting
- ○ Constipation
- ○ Diarhorrea
- ○ Abdominal pain
- ○ Urinary disorders
- ○ Menstrual disorders
- ○ Fatigue/Low energy
- ○ Arthritis
- ○ Diabetes
- ○ Low back pain/stiffness/weakness
- ○ Hip pain/stiffness
- ○ Buttock/glute pain
- ○ Leg pain/tingling/weakness
- ○ Knee/Ankle problems
- ○ Depression
- ○ Anxiety

Disorders:

- ○ Cardiovascular:
- ○ Respiratory:
- ○ Endocrine:

Other health problems: _____

List of surgery & dates: _____

List of major or recent accidents/falls & dates: _____

_____

List of any drugs/medicine/vitamins: _____

_____

Exercise programme/sporting activities: _____

Any previous chiropractic care? By whom: _____ Last visit: _____

If you are female, is there a possibility you may be pregnant? ○ Yes ○ No Breastfeeding? ○ Yes ○ No

Signature: _____ Date: _____

If I choose to proceed with chiropractic care, I hereby authorise First Chiropractic and it's chiropractors to administer care as they deem necessary.
I clearly understand and agree that I am personally responsible for payment of all fees charged by this office and I acknowledge that non-payment may result in my account and details being passed to a collections agency resulting in additional collection fees and charges.

first chiropractic
ADJUST • MAINTAIN • IMPROVE