Krzyzelewski Chiropractic

Patient Information

Date ____________________

Name ____________________

Address ____________________

City Province Postal Code

Sex: ☐ M ☐ F Age______ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Manitoba Medical # ____________ (6 digit) Personal Health ID # ____________ (9 digit)

Birthdate ____________________

Home Phone ____________________ Cell Phone ____________________

Work Phone ____________________ Email Address ____________________

Occupation ____________________ Employer ____________________

Spouse's Name ____________________

Referred to our office by ____________________

Reason for consulting our office ____________________

How long have you had this condition? ____________ Is it getting ☐ Better ☐ Worse ☐ Staying the Same

What was the possible cause of this condition? ____________________

Is condition due to an accident? ☐ No ☐ Yes Date of Accident ____________________

Are you claiming under Worker's Compensation? ☐ No ☐ Yes Claim # ____________________

Are you claiming under MPI? ☐ No ☐ Yes Claim # ____________________

What treatment have you already received for their condition? ☐ Medications ☐ Surgery ☐ Physical Therapy ☐ Chiropractic Services ☐ None Other ____________________

Current Medications:

____

Exercise	Work Activity	Habits	
☐ None	☐ Sitting	☐ Smoking	Packs/Day______
☐ Moderate	☐ Standing	☐ Alcohol	Drinks/Week______
☐ Daily	☐ Light Labor	☐ Coffee/Caffeine Drinks	Cups/Day______
☐ Heavy	☐ Heavy Labor		

- The human body is designed to express health and function normally however, events may occur in life which can interfere with this natural ability.
- This interference is most commonly caused by vertebral subluxations resulting from physical, chemical or emotional stress.
- The practice of chiropractic is based on locating and reducing the vertebral subluxation which causes nerve system interference.

Please check any that apply:

Tell us about any stress associated with your birth:

- ☐ Drugs/medicine/tobacco/alcohol during pregnancy — Explain: ______
- ☐ Labor chemically induced ______
- ☐ Forceps/vacuum extraction/c-section ______
- ☐ Premature delivery ______
- ☐ Falls in first year of life ______
- ☐ Any health related problems ______

Tell us about any stress associated with childhood:

- ☐ Any falls or injuries — Explain: ______
- ☐ Allergy/asthma or respiratory problems ______
- ☐ Ear infections ______
- ☐ Digestive problems ______
- ☐ Hyperactivity ______
- ☐ Any other health related problems ______

Tell us about any stress up to the present:

- ☐ Auto accidents or injuries — Explain: ______
- ☐ Work accidents or injuries ______
- ☐ Sports injuries ______
- ☐ Work stress ______
- ☐ Family/home stress ______
- ☐ Prescription drug use ______
- ☐ Hospitalization ______
- ☐ Surgeries ______
- ☐ Major illnesses ______
- ☐ Reoccurring illnesses ______
- ☐ Limited exercise ______
- ☐ Poor nutrition ______

Any other stress not listed above? ______

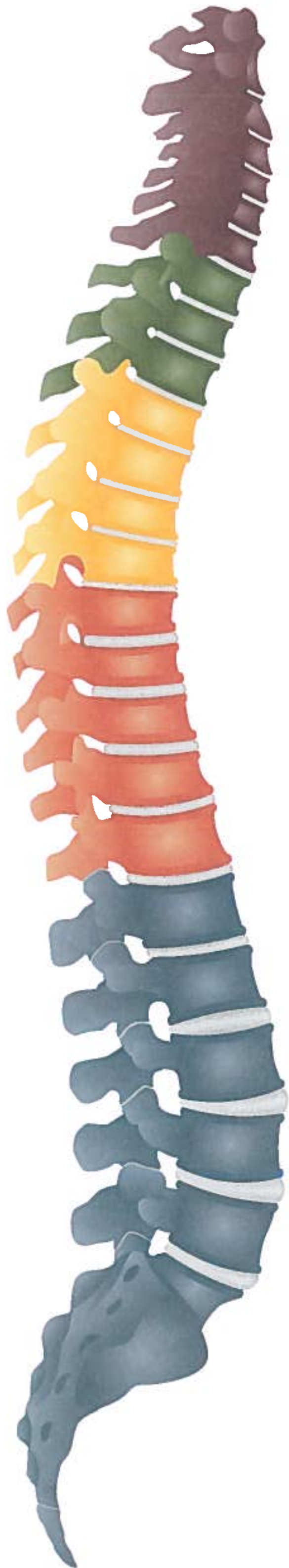
I understand that payment is due at the time of service, unless other arrangements have been made and agreed upon in writing.

Signature ______ Date ______

Patient Review of Systems

THE NERVOUS SYSTEM CONTROLS AND COORDINATES ALL ORGANS AND STRUCTURES OF THE HUMAN BODY

Please check the corresponding boxes for each symptom or condition you have experienced – including both past and present.



REGIONS	FUNCTIONS	SYMPTOMS (PAST / PRESENT)	SYMPTOMS (PAST / PRESENT)
Cervical	• Autonomic Nervous System • ENT System • Vision, Balance & Coordination • Speech • Immune System • Digestive System • Nerve Supply to Shoulders, Arms & Hands • Sympathetic Nucleus • Metabolism	☐☐ Colic & Excessive Crying ☐☐ Ear & Sinus Infections ☐☐ Allergies & Congestion ☐☐ Immune Deficiency ☐☐ Headaches & Migraines ☐☐ Vertigo & Dizziness ☐☐ Sore Throat & Strep ☐☐ Swollen Tonsils & Adenoids ☐☐ Vision & Hearing Issues ☐☐ Low Energy & Fatigue ☐☐ Difficulty Sleeping ☐☐ Pain, Numbness & Tingling in Arms to Hands	☐☐ Epilepsy & Seizures ☐☐ Sensory & Spectrum ☐☐ ADD / ADHD ☐☐ Focus & Memory Issues ☐☐ Anxiety & Stress ☐☐ Balance & Coordination ☐☐ Speech Issues ☐☐ TMJ / Jaw Pain ☐☐ Stiff Neck & Shoulders ☐☐ Depression ☐☐ High Blood Pressure ☐☐ Poor Metabolism & Weight Control
Upper Thoracic	• Upper G.I. • Respiratory System • Cardiac Function	☐☐ Reflux / GERD ☐☐ Chronic Colds & Cough ☐☐ Asthma	☐☐ Bronchitis & Pneumonia ☐☐ Functional Heart Conditions
Mid Thoracic	• Major Digestive Center • Detox & Immunity	☐☐ Gallbladder Pain / Issues ☐☐ Jaundice ☐☐ Fever	☐☐ Indigestion & Heartburn ☐☐ Stomach Pains & Ulcers ☐☐ Blood Sugar Problems
Lower Thoracic	• Stress Response • Filtration & Elimination • Gut & Digestion • Hormonal Control	☐☐ Behavior Issues ☐☐ Hyperactivity ☐☐ Chronic Fatigue ☐☐ Chronic Stress	☐☐ Allergies & Eczema ☐☐ Skin Conditions / Rash ☐☐ Kidney Problems ☐☐ Gas Pain & Bloating
Lumbar, Sacrum & Pelvis	• Lower G.I. (Absorption & Motility) • Gut-Immune System • Major Hormonal Control	☐☐ Constipation ☐☐ Chrohn's, Colitis & IBS ☐☐ Diarrhea ☐☐ Bed-wetting ☐☐ Bladder & Urination Issues ☐☐ Cramps & Menstrual Issues ☐☐ Cysts & Endometriosis ☐☐ Infertility ☐☐ Impotency ☐☐ Hemorrhoids	☐☐ Sciatica & Radiating Pain ☐☐ Lumbopelvic / SI Joint Pain ☐☐ Hamstring Tightness ☐☐ Disc Degeneration ☐☐ Leg Weakness & Cramps ☐☐ Poor Circulation & Cold Feet ☐☐ Knee, Ankle & Foot Pain ☐☐ Weak Ankles & Arches ☐☐ Lower Back Pain ☐☐ Gluten & Casein Intolerance

Patient Name ______________________________ Date ______________

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