CHIROPRATIQUE GRAND-SAULT
CENTRE SANTÉ

GRAND FALLS CHIROPRACTIC
WELLNESS CENTRE

218 Broadway Blvd. Suite 106 Grand Falls, NB E3Z 2J9 **T** 506.582.2000 **F** 506.582.2002

Welcome to our office! Please complete all questions

Date: _____

Name: _____ File # _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Sex: M F Age: _____ Birth date: (D) _____ (M) _____ (Y) _____ Status: M S W D

Email Address: _____

Home Telephone: _____ Cellular Telephone: _____

Workplace: _____ Occupation: _____

Work Telephone: _____

Height: _____ Weight: _____ Medicare #: _____

Spouse's Name: _____

Children's Names and Their Ages: _____

Referred by: _____

Emergency Contact: Tel and Name _____

CURRENT HEALTH CONDITION

Purpose of the appointment: ☐ Prevention / checkup ☐ Owellness / Chiro transfer
☐ Specific problem needing a solution

Other doctors seen for this condition: Yes No Doctor's Name: _____

Type of treatment: _____ Results: _____

Has this condition occurred before? Yes No

How long have you had your present condition? _____

Did a particular event cause your present condition? _____

Where is the pain located? _____

Is the pain: Sharp Dull Achy Burning Tightness Throbbing Other: _____

Are you getting pain in your: Arm Hand Head Buttock Leg Calf Foot

Is Your pain: Constant Intermittent

If constant, is the pain present while sleeping? Yes No

What aggravates your condition? _____

What relieves your condition? _____

Is this condition interfering with your: Work Daily Routine Other: _____

Drugs you now take: Anti-inflammatory Pain Killers Muscle Relaxants Insulin

Blood pressure Acid Reflux Anti-depressants Birth Control Other: _____

Have you been experiencing weight gain or loss that you feel is unrelated to your eating habits?

Yes No Please describe: _____

Have you experienced any loss or change in bowel or bladder function? Yes No

Do you experience any of the following: Dizziness Fainting Blurred Vision

Do you wear: Orthotics Heel Lifts Sole Lifts Inner Soles

Do you suffer from any condition other than that which you are now consulting us?

PAST HEALTH HISTORY

Are you aware of circumstances of your birth?

No Complications Forceps Vacuum Extration C-Section Other: _____

Smoker? Yes No Date quit: _____

Have you ever been diagnosed with cancer? Yes No What kind? _____

Major Surgery/Operations: Appendix Tonsils Gall Bladder Hernia Back Surgery

Broken Bones Other: _____

Automobile Accidents? _____

Work Related Accidents? _____

Sporting Injuries? _____

Home Injuries? _____

Childhood Injuries or Sickness? _____

Other Major Accidents, Falls, or Injuries? _____

Hospitalization (Other than above):

Have you had previous chiropractic care? Yes No

Why? _____ When? _____

Where? _____ Doctor's Name: _____

Were x-rays taken? Yes No

Family History (if applicable): Cancer Heart Disease Diabetes Other: _____

If there is anything else of importance that would like to mention, please do so here:

Please answer the following questions so we may better understand how to help you:

1. On a scale of 1 to 10 (10 being the most important) how important is your health to you?

2. On the line below:

a. Please put and "X" to score where you think you are today.

b. Please circle where you would like to be (your goal).

_____

1 2 3 4 5 6 7 8 9 10

3. How long do you think it might take to get to where you circled? _____

4. What things might you need to change to help you reach your goal?

A: _____

B: _____

C: _____

D: _____

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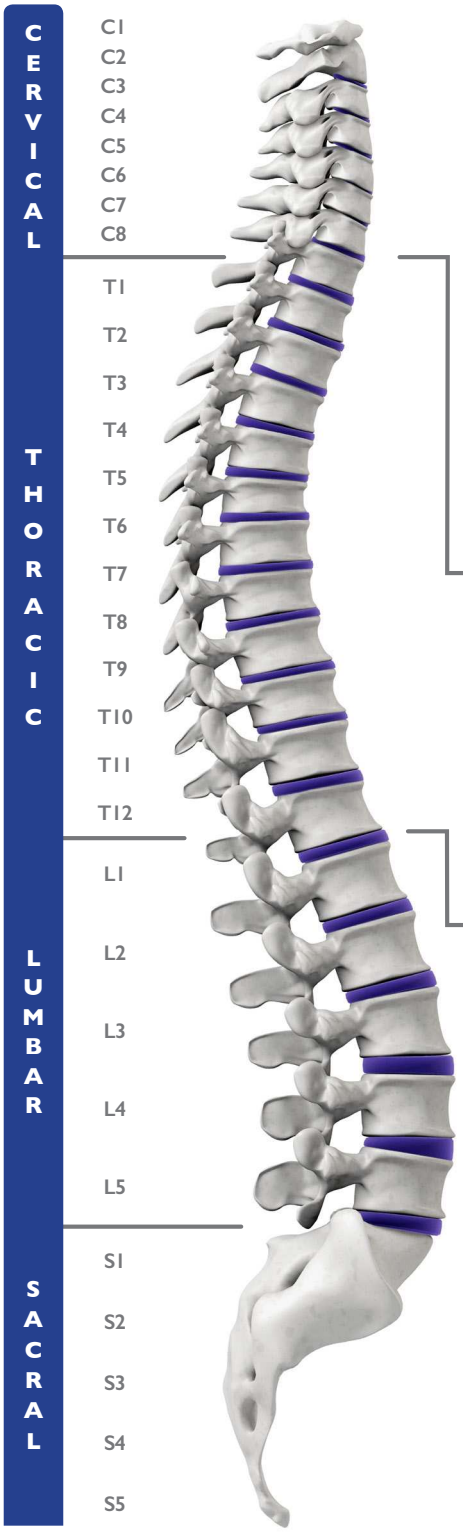
Review of Systems
Function of Spinal Nerves

SPINAL NERVE



ORGANS & GLANDS

The organs and glands listed below are linked to the corresponding sections of the spine and it's spinal nerves.

C1 C2 C3 C4 C5 C6 C7 C8
Parotid Gland • Scalp
Base of Skull • Eyes
Lacrimal Gland • Sinuses
Inner, Middle & Outer Ear
Nose • Mouth
Intracranial Blood Vessels
Sympathetic Nervous System
Neck Muscles • Diaphragm
Shoulders • Elbows • Arms
Wrists • Hands & Fingers
Tonsils • Vocal Cords
Esophagus • Heart
Lungs • Chest • Thyroid

T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
Arms • Wrists
Esophagus • Chest • Heart
Lungs • Trachea • Larynx
Diaphragm • Stomach
Gallbladder • Liver
Pancreas • Small Intestine
Spleen • Kidneys • Appendix
Adrenals • Colon • Buttocks
Uterus • Ovaries • Testes

L1 L2 L3 L4 L5
Large Intestine • Colon
Thighs • Buttocks • Groin
Knees • Legs • Feet
Reproductive Organs

S1 S2 S3 S4 S5
Buttocks • Groin • Legs
Ankles • Feet • Toes
Prostate Gland • Bladder
Reproductive Organs

ASSOCIATED SYMPTOMS

Please indicate below any symptoms you are currently experiencing as well as any you have previously experienced.

CURRENT	PREVIOUS		CURRENT	PREVIOUS	
		Sinus & Ear Pain/Infection			Anxiety & Stress
		Runny Nose & Allergies			Seizures
		Frequent Head Colds			ADD/ADHD
		Sore Throat & Tonsilitis			Thyroid Dysfunction
		Strep Throat			Metabolic Dysfunction
		Chronic Cough & Croup			Insomnia
		Difficulty Breathing			High/Low Blood Pressure
		Poor Immunity			Enlarged Lymph Glands
		Dizziness & Vertigo			Migraines & Headache
		Tinnitus & Ear Fullness			TMJ Pain
		Vision Problems			Stiff Neck
		Watery/Dry Eyes			Arm Pain
		Chronic Fatigue			Hand/Finger Numbness
		Poor Concentration			Loss of Grip Strength
		Depression			
		Asthma			Kidney Stones
		Bronchitis & Pneumonia			Gall Bladder Attacks
		Congestion			Skin Conditions & Rashes
		Reflux & GERD			Menstrual Cramps/PMS
		Indigestion & Heartburn			Infertility
		Stomach Pains			Menstrual Dysfunction
		Ulcers			Rashes & Eczema
		Gas & Bloating			Hyperactivity
		Jaundice			Shoulder Pain
		Liver Conditions			Midback Pain
		Blood Sugar Dysregulation			Rib Pain
		Irritable Bowel, Colitis, Crohn's			Prostate Dysfunction & Impotence
		Gas Pain & Constipation			Ovarian Cysts & Endometriosis
		Diarrhea			Fertility Problems/ Loss of Menstruation
		Hemorrhoids			Low Back Pain
		Bladder Infections			Hip Pain
		Bladder Incontinence & Bedwetting			Thigh Pain
		Painful/Excessive Urination			Numbness & Tingles in Legs
		Varicose Veins			Sciatica
		Leg Cramping			Pelvic Pain
		Restless Legs			Knee Pain
		Poor Circulation & Cold Feet			Ankle Pain & Sprains
					Foot Pain & Weak Arches