

**Dr. SARAH RACICOT**, BScKin, DC  
 CHIROPRACTIC, ACUPUNCTURE, ORTHOTICS, SOFT TISSUE RELEASE, COMPRESSION SOCKS

**PATIENT INFORMATION**

**Name:** \_\_\_\_\_ **Sex:** M / F **Age:** \_\_\_\_\_ **Date of Birth (d/m/y):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Home Phone No.:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Work Phone No.:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Referred to our office by:** \_\_\_\_\_

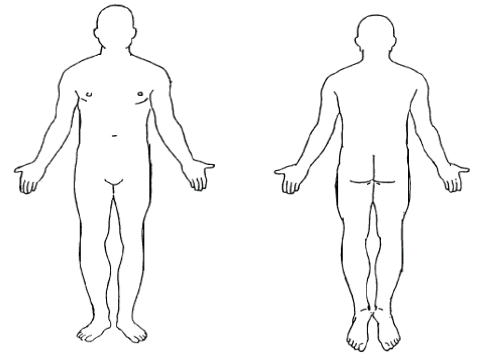
**REASON FOR YOUR VISIT**

**Reason for today's visit:**  Emergency  New Injury  
 Old Injury  Wellness Visit

**Injury the result of:**  Auto Accident  Work  
 Sport/Leisure Activities  Slip/Fall  Gradual Onset  
 Just Came On  Other \_\_\_\_\_

**Date of accident (d/m/y):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date symptoms first appeared (d/m/y):** \_\_\_\_/\_\_\_\_/\_\_\_\_



**Please circle all affected areas**

**Are the symptoms:**  Improving  Getting worse  About the same  Come & go  Constant

**Type of pain:**  Sharp  Dull  Ache  Pins/Needles  Numb  Burning  Other \_\_\_\_\_

**Aggravating activities:**  Stand  Walk  Sit  Lying  Bend  Lifting  Twist  Cough  Strain

**Relieving activities:**  Inactivity/Bed Rest  Ice  Heat  Massage  Medication  Other \_\_\_\_\_

**Severity of pain:** (Circle)    No Pain   0   1   2   3   4   5   6   7   8   9   10   Excruciating Pain

MEDICATION YOU ARE TAKING	CONDITION BEING TREATED

SURGICAL PROCEDURES	DATE (d/m/y)	CONDITION TREATED

**EMERGENCY CONTACT PERSON**

**Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Work Phone:** (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone No.:** (\_\_\_\_)\_\_\_\_-\_\_\_\_

## SYSTEMS REVIEW

Please indicate if you've ever had any of the following:

### MUSCULOSKELETAL:

- Joint stiffness/pain
- Muscle cramps
- Muscle weakness
- Generalised stiffness
- Neck pain
- Mid back pain
- Low back pain
- Arm/Hand pain
- Leg/Foot pain
- Extremity numbness/tingling
- Difficulty chewing/Jaw pain
- Fracture/Dislocation
- Rheumatoid Arthritis
- Other: \_\_\_\_\_

### NERVOUS SYSTEM:

- Paralysis
- Extremity numbness/tingling
- Headaches/Migraines
- Dizziness
- Fainting
- Convulsions
- Epileptic seizures
- Confusion
- Head trauma
- Stroke
- Other: \_\_\_\_\_

### GASTROINTESTINAL:

- Nausea/Vomiting
- Vomiting/Coughing blood
- Ulcer
- Indigestion/Heartburn
- Abdominal pain/swelling
- Stool changes (black/bloody)
- Diarrhea/Constipation
- Hernia
- Gallbladder problems
- Liver disease
- Pancreatitis
- Frequent thirst
- Other: \_\_\_\_\_

### URINARY SYSTEM:

- Frequent urination
- Pain on urination
- Change in urine colour
- Difficulty start/stop urinating
- Pelvic pain
- Urinary tract infections
- Kidney disease/stones
- Flank pain
- Other: \_\_\_\_\_

### CARDIOVASCULAR/ RESPIRATORY SYSTEM:

- Difficulty breathing
- Blood pressure problems
- Irregular heartbeat
- Heart problems
- Lung problems
- Ankle swelling
- Cold extremities
- Cough
- Asthma
- Blood in sputum
- Chest pain
- Shortness of breath
- Rheumatic fever
- Sudden calf pain
- Other: \_\_\_\_\_

### EYE/EAR/NOSE/THROAT:

- Difficulty swallowing
- Vision problems
- Dental problems
- Difficulty hearing
- Ringing in ears
- Ear pain
- Nosebleeds
- Sinusitis
- Other: \_\_\_\_\_

### MEN ONLY:

- Sexual dysfunction
- Prostate swelling
- Testicular pain
- Other: \_\_\_\_\_

### WOMEN ONLY:

- Menstrual irregularity
- Breast pain/lumps
- Hysterectomy (date: \_\_\_\_\_)
- Menopause (onset: \_\_\_\_\_)
- Hormone Replacement Therapy
- Number of children \_\_\_\_\_
- Frequent missed periods
- Other: \_\_\_\_\_

### ENDOCRINE SYSTEM:

- Thyroid problems
- Diabetes (Type 1/ Type2)
- Neck surgery/Irradiation
- Skin dryness/wetness
- Other: \_\_\_\_\_

### GENERAL HEALTH:

- Allergies
- Anaemia
- Bleeding/Bruising
- Height change
- Weight change
- Fever/Chills
- Sweats
- Night pain
- Malaise/Fatigue
- Other: \_\_\_\_\_

### LIFESTYLE:

- Vegetarian Diet
- Alcohol intake per week \_\_\_\_\_
- Coffee/Tea/Caffeine per day \_\_\_\_\_
- Cigarettes per day \_\_\_\_\_
- Exercise minutes per week \_\_\_\_\_

### FAMILY HISTORY:

- Cancer
- Stroke
- Heart problems
- Diabetes
- Arthritis/Rheumatoid/Gout
- Multiple Sclerosis (MS)
- Lupus (SLE)
- Other: \_\_\_\_\_