APPLICATION FOR CARE AT LANGLEY SPORTS AND REHABILITATION

Today's Date: _____

Whom may we thank for referring you to this office ☒ _____***?***

PATIENT DEMOGRAPHICS

Name: _____ Birth Date:_____(M)_____(D)_____(Y) Age: _____

Address: _____ City: _____

Postal Code:_ _____-_____ Marital Status: **q** Single **q** Married **q** Common law **q** Widowed

E-mail Address: _____ Home Phone: _____

Work Phone: _____ Mobile Phone:_____

Employer: _____ Occupation: _____

Number of children and Ages: _____Are you pregnant ? _____ Due date_____

Family Doctor: _____ Location _____

Name & Number of Emergency Contact: _____

HISTORY of COMPLAINTS

Please list your **Main Complaints**:	When did this **start?**	What makes it **worse**?	What **relieves** your problem?
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____

On a scale of **0** to **10** with **0 being NO PAIN and 10 BEING THE WORST PAIN EVER** rate your complaints by ***circling the number***

Complaint # 1 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Complaint # 2 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Complaint # 3 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Complaint # 4 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

***PLEASE CIRCLE THE FOLLOWING LETTERS** to describe your symptoms:

Complaint # 1 **R** = **R**adiating **B** = **B**urning **D** = **D**ull **A** = Aching **N** = **N**umbness **S** = **S**harp/ **S**tabbing **T**= **T**ingling

Complaint # 2 **R** = **R**adiating **B** = **B**urning **D** = **D**ull **A** = Aching **N** = **N**umbness **S** = **S**harp/ **S**tabbing **T**= **T**ingling

Complaint # 3 **R** = **R**adiating **B** = **B**urning **D** = **D**ull **A** = Aching **N** = **N**umbness **S** = **S**harp/ **S**tabbing **T**= **T**ingling

Complaint # 4 **R** = **R**adiating **B** = **B**urning **D** = **D**ull **A** = Aching **N** = **N**umbness **S** = **S**harp/ **S**tabbing **T**= **T**ingling

Is your problem the result of **ANY** type of accident? o No o Yes (If this is **ICBC or WCB** then please see front desk)

How did the injury(s) happen?

_____

Condition(s) ever been treated by anyone in the past? □No □ Yes

If yes, when: _____ by whom?

_____

How long were you under care: _____ What were the results? _____

Name of Previous Chiropractor: _____ □ **N/A**

Identify any other injury(s) to your spine, minor or major, that the doctor should know about:

_____

_____

_____

Please identify any and all types of jobs you have had in the past that have imposed any physical stress on you or your body:

_____

____

If you have ever been diagnosed with any of the following conditions, please indicate with a:

P for **in the *PAST***, **C** for ***CURRENTLY HAVE***, **N** for ***NEVER HAD***

___ Broken Bone ___Dislocations ___ Tumors ___Rheumatoid Arthritis ___Disability ___Cancer

___ Heart Attack ___Osteoarthritis ___ Diabetes ___Cerebral Vascular ___ Other serious conditions:

FAMILY HISTORY:

1. Does anyone in your family suffer with the same condition(s)? q No q Yes

If yes whom: q grandmother q grandfather q mother q father q sister's q brother's q son(s) q daughter(s)

Have they ever been treated for their condition? q No q Yes q I don't know

2. Any other hereditary conditions the doctor should be aware of. q No ❑ Yes_____

_____

_____

3. List Prescription & Non-Prescription drugs you take:_____

_____

_____

_____

SOCIAL HISTORY

1. Smoking: ❑cigars ❑ pipe ❑ cigarettes ☒ ❑ Daily ❑ Weekends ❑ Occasionally ❑ Never

2. Alcoholic Beverage: consumption occurs ☒ ❑ Daily ❑ Weekends ❑ Occasionally ❑ Never