

Back In Line Chiropractic

CONFIDENTIAL PATIENT CASE HISTORY

Name:.....Date.....File #.....
Address.....Post Code.....
Tel: Home.....Office.....Mobile.....
Email:.....Occupation.....Employer.....
D.O.B.....Marital Status: S M D W Partner's Name:.....
Children (names and ages).....Your Height.....&Weight.....
Your regular medical doctor (if applicable):.....
How did you hear about us? (circle) Friend Family Sign Doctor Yellow pages online Internet Flyer Yellow Pages
If family, friend, colleague or health care provider, give their name
Are you a member of a Private Health Fund ? If so, which ?
Is this a Workcover / TAC / DVA or other case? (If so which?).....
Do you hold a valid Healthcare / Pension or Student card?

PRESENT SYMPTOMS:

What is your main problem at present?
How long have you had this ?.....
Have you had similar problems before? Yes No When?.....
Caused/aggravated by:..... Pains are: Sharp Dull Constant Intermittent
Is this problem getting progressively worse: Yes No What lessens your pain:.....
Previous treatment by.....Result:.....
Any family history of these problems? Yes No Previous spinal x-rays (year).....
Is this problem interfering with: Work Sleep Routine Other Is it worse at any time of day?.....
Previous Chiropractic Care (Where/Year):
Last adjustment:.....Do you sleep on your: Side Back Stomach ?
What type of mattress do you have?..... How many pillows?

Notes for Office use only:



Please turn over

