

PATIENT APPLICATION

Welcome to our Practice! Please complete all questions on both sides. Thank you.

(Please Print)

NAME: _____

Address: _____

Postcode: _____

Date of Birth: / / Age: _____

Spouse's Name: _____

Children's Names: _____

Occupation: _____

Favorite Hobbies or Interests: _____

Method of Payment for 1st Visit: _____

Cash

Eftpos

Credit Card

Who Referred You to Our Office? : _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Medicare #: _____

Employer: _____

List your chief complaints in order of severity:

1. _____

2. _____

3. _____

4. _____

Is the Pain: Sharp Dull Burning Throbbing Pins & Needles

Does the pain spread? Yes No If yes, where? _____

Do you have numbness? Yes No If yes, where? _____

Is there pain when you cough or sneeze? Yes No If yes, where? _____

Is there pain when you go from sit to stand? Yes No If yes, where? _____

The pain is Getting worse Constant Coming and Going

Do you have headaches? Yes No If yes circle all that apply below:
Tension Throb Sinus Migraine Other _____

Indicate any function below that aggravates or is aggravated by your condition:

Walking Step Climbing Driving Working Recreation Sleep Digestion

Bowel Movements Vision Breathing Hearing Sinuses Smelling

If Female, menstruation

Have you ever been to a Chiropractor before? Yes No If yes, when? _____

How long do you think you've had this problem? _____

How long do you think it will take to correct? _____



List other Doctors that were consulted for these conditions

1. _____ 2. _____

Previous Diagnosis given: _____

List previous operations you have had:

1. _____ 2. _____ 3. _____

List serious illnesses you have had:

1. _____ 2. _____ 3. _____

Have you ever been diagnosed with Cancer? Yes No If yes, what kind? _____

List any Medications you currently take:

1. _____ 2. _____ 3. _____

Do any family members suffer similar conditions? _____

Is there any chance that you are **Pregnant**? Yes No

Please sign here _____ Date / /

Now, please mark areas of complaint on the picture below:

Pain Chart

