



## PEAK ENERGY CHIROPRACTIC

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Number \_\_\_\_\_

MSI/Health Card# \_\_\_\_\_ Blue Cross# Policy \_\_\_\_\_ ID \_\_\_\_\_

Name and Number of Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Type of work \_\_\_\_\_ Employer \_\_\_\_\_

Is this a work related injury? Y/N: \_\_\_ Have you reported this injury to the employer Y/N: \_\_\_ & WCB \_\_\_

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### **Chief Complaint**

Current Complaint: \_\_\_\_\_ Date it began: \_\_\_\_\_

Has this occurred before Y/N \_\_\_ Are there any other complaints we can help you with: \_\_\_\_\_

Other Dr.'s seen for this complaint: \_\_\_\_\_

Type of treatments: \_\_\_\_\_ Results: \_\_\_\_\_

Is this complaint: Auto related \_\_\_ Home Injury \_\_\_ Fall \_\_\_ Repetitive Strain \_\_\_ Other : \_\_\_\_\_

Drugs you now take (prescription drugs, pain killers/muscle relaxers, nerve pills, blood pressure, insulin):  
\_\_\_\_\_

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### **Motor Vehicle Accident Information**

Date of MVA (Car accident): \_\_\_\_\_ Has a report been made to insurance Y/N \_\_\_

Name of Insurance & Adjuster: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy number# \_\_\_\_\_ Claim# \_\_\_\_\_

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### **Past Health History**

Major surgery/Operations: Y/N \_\_\_ Back Surgery \_\_\_ Appendectomy \_\_\_ Tonsillectomy \_\_\_ Gall Bladder \_\_\_ Hernia

Other: \_\_\_\_\_ Broken Bones: \_\_\_\_\_

Hospitalizations (Other than above): \_\_\_\_\_

Previous Chiropractic Care Y/N \_\_\_ Doctor's name and date of last visit: \_\_\_\_\_

**Below are a list of diseases that may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care!**

**Check any of the following you have had in past or currently have:**

- Pneumonia
- Pleurisy
- Arthritis
- Epilepsy
- Mental Disorders
- Lumbago
- Eczema
- Mumps
- Small Pox
- Chicken Pox
- Diabetes
- Cancer
- Heart Disease
- Thyroid
- Influenza
- Whooping Cough
- Anemia
- Measles
- Polio
- Tuberculosis
- Rheumatic Fever

**INTAKE**

- Coffee
- Tea
- Alcohol
- Cigarettes
- White Sugar

**General Code**

- Fatigue
- Allergies
- Loss of sleep
- Fever
- Headaches

**Genito-Urinary Code**

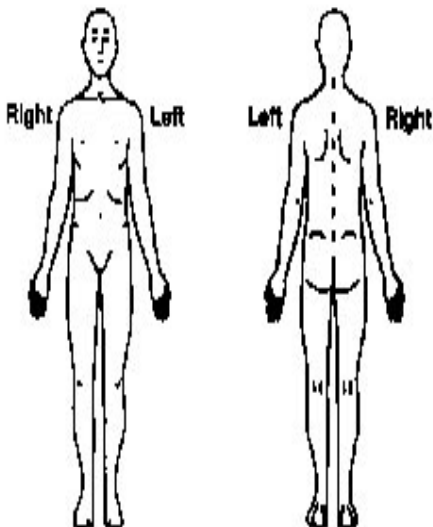
- Bladder Trouble
- Painful/Excessive Urination
- Discolored Urine

**Females Only:**

Date of last period \_\_\_\_\_

**Gastro-Intestinal Code**

- Poor/Excessive Appetite
- Excessive Thirst
- Frequent Nausea



Are you pregnant Y/N:

- Low Back Pain
- Pain between shoulders
- Neck Pain
- Arm Pain
- Joint Pain/Stiffness
- Walking Problems
- Difficult Chewing/Clicking Jaw

**Nervous System Code**

- Nervous
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities
- Stress

- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Problems
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps
- Gas/bloating after meals
- Heartburn
- Black/Bloody Stool

**Please mark an X where there is discomfort**

**C-V-R Code**

- Chest Pain

- Short Breathing
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems

- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling
- Stroke

**EENT Code**

- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches
- Hearing Difficulty
- Stuffed Nose

**Male/Female Code**

- Menstrual Irregularity
- Menstrual Cramps
- Vaginal Pain/Infection
- Prostate/Sexual Dysfunctional
- Other Problems Y/N:**

Please check the type of care desired so that we may be guided by your wishes whenever possible.

**Relief Care** \_\_ **Corrective Care** \_\_ **Check here if you want the Dr. to select the care appropriate for your condition** \_\_