PATIENT HISTORY UPDATE

DATE: _____ FILE#_____
NAME _____ AGE: _____
CURRENT STREET ADDRESS: _____
CITY: _____PROVINCE. _____ POSTAL CODE: _____
HOME PHONE: _____WORK: _____CELL: _____
EMAIL: _____
EMERGENCY CONTACT: _____PHONE: _____RELATIONSHIP: _____

In order for us to best serve you, we ask that you update your history. Please provide us with all of the following information. Please print.

Presenting Complaint: *(my present symptoms)*	
Mode of Onset: *(what caused the symptoms)*	
Frequency: *(how often you have the symptoms)*	
Duration: *(how long do the symptoms last)*	
Intensity: *(scale of zero to ten)*	
Aggravating Factors: *(what makes it worse)*	
Relieving Factors: *(what makes it better)*	
Additional Information:	

Describe and list the dates of:

2. RECENT FALLS: _____

3. RECENT SURGERY: _____

4. RECENT ACCIDENTS: _____

5. LAST PHYSICAL: _____

6: LAST ADJUSTMENT: _____ LAST VISIT: _____

7. HAVE YOU SEEN ANOTHER CHIROPRACTOR? YES _____ NO _____
IF YES, WHO DID YOU CONSULT _____

8. HAVE YOU CONSULTED WITH ANY OTHER MEDICAL PRACTITIONERS?
YES _____ NO _____ IF SO, FOR WHAT REASON: _____

9. HAVE YOU HAD ANY RECENT X-RAYS, MRI OR CT SCANS: _____

10. PATIENT SIGNATURE: _____

GSA_____ LEG_____ Diagnosis: _____