



**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_

What occupies your spare time?: \_\_\_\_\_ Occupation: \_\_\_\_\_

Who referred you to our office?: \_\_\_\_\_

**HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_

Have you had previous Chiropractic Care? Yes No

When: \_\_\_\_\_ Why: \_\_\_\_\_

List your areas of concern: 1 \_\_\_\_\_

How long have you had this 2 \_\_\_\_\_

condition? 3 \_\_\_\_\_

4 \_\_\_\_\_

Have you had x-rays, CT or MRI for your condition? Yes No

Have you sought other treatment for your condition? Yes No

Type of care: \_\_\_\_\_

Outcomes: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**Please Circle Any Health Conditions You Have Had:**

Heart Disease Cancer Tuberculosis Other: \_\_\_\_\_

Stroke Diabetes Arthritis \_\_\_\_\_

Hypertension HIV Gout \_\_\_\_\_

Asthma Allergies Dizziness \_\_\_\_\_

Depression Epilepsy Numbness \_\_\_\_\_

Anxiety Major Trauma Smoker \_\_\_\_\_

Details: \_\_\_\_\_

Past Surgical Conditions, approx. dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: (Please circle) Pain killers Muscle Relaxants Birth Control Vitamins

Other:

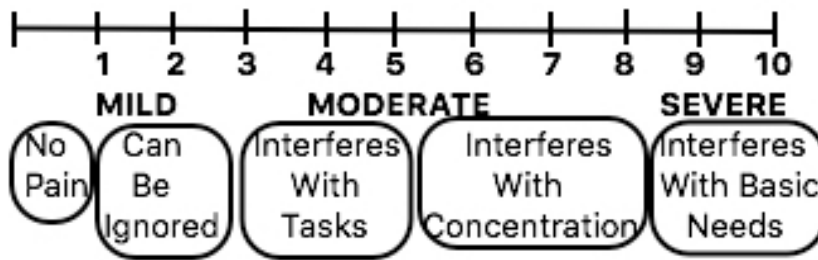
Have you been involved in a motor vehicle accident? Yes No

Please provide details incl. dates and injuries.

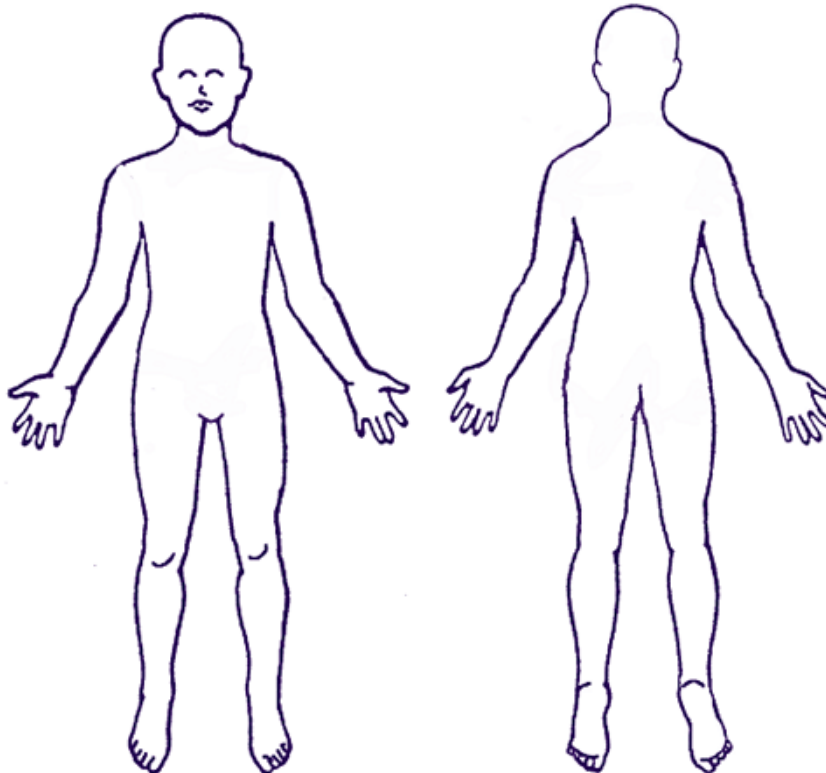
### Reason For Consulting the Office

- \* I have a specific problem and only require help with this problem.
- \* After my problem has been relieved, I am interested in strategies to insure the problem does not return.
- \* Spinal check up to improve my general health.

Please indicate your current level of pain:



Please indicates areas of pain:





*Dr. Nicole Czornohalan D.C.  
Czornohalan Chiropractic Ltd.*

**Diagnosis:**

**DDX:**

**Plan of Management:**

Times per week:

Number of weeks:

Exercises:

**Prognosis**    Excellent    Good    Fair

**Pain Scale Review:**

