

PATIENT HISTORY UPDATE

In order to best serve you, we must have available all pertinent information regarding the present state of your health. Any relevant information ought to be noted in order to keep your patient history up to date.

PATIENT INFORMATION

Name:	Today's date (mm/dd/yy):	Your birthday (mm/dd/yy):	Age:
Address:	City:	Postal Code:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	Employer:	Are you a full time student? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where?	
Alberta Health Care Number:	E-mail address:		

PATIENT HEALTH

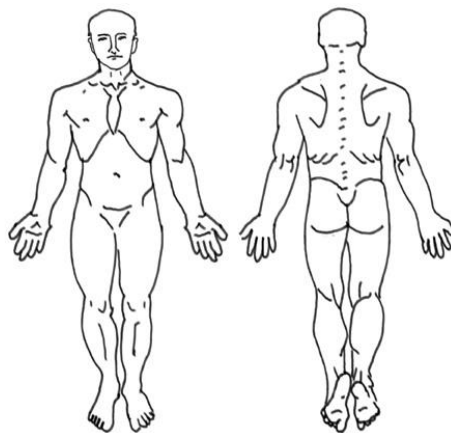
What is your present health concern?	
Is today's visit related to a recent motor vehicle accident? <input type="checkbox"/> yes <input type="checkbox"/> no	Date of accident:
Did this injury occur at work? <input type="checkbox"/> yes <input type="checkbox"/> no	Date of accident:
Recent falls? Please Describe:	
Please list any surgeries or hospitalizations you have had within the last 12 months:	
Name of current family physician:	
Date of last physical exam:	Date of last Chiropractic Adjustment:
Please expand on any applicable areas that may assist the doctor in his assessment of your health today:	

Please indicate your areas of pain on the above diagram.

A=Aching N=Numbness B=Burning

S=Stabbing P=Pins and Needles

Rate your pain level from 1 (mild) to 10 (severe): _____



FINANCIAL POLICY

Fees for professional services are payable when the service is rendered. Patients are ultimately responsible for their own fees for service. This applies to cases where WCB, third party payers (ie. insurance companies, etc.) disallow payment for your care regardless of the reason.

I understand and agree to the Shiloh Chiropractic Financial Policy.

Patient / Parent / Guardian Signature