

Inglewood Family Health Centre

Natural Choices for Healthy Living

Dr. Sheldon Cherniak DC

PATIENT ENTRANCE FORM

Date: _____

Name: _____

Home Tel: _____

Address: _____

Cell Phone: _____

Postal Code: _____

Work Tel: _____

City/Town _____

Best # to reach you during the day: _____

A.H.C. #: _____

Best # to reach you during the evening: _____

Email: _____

Date of Birth:M/D/Y _____

Age: _____

Male Female

Marital Status: Sgl M D W Sep C/L

Name of Spouse: _____

of Children: _____

Children's Names: _____

Your Occupation: _____

Employer: _____

How did you hear about our clinic?

- Phone book Friend...who can we thank? _____ Seminar
 Internet Drove by Other _____
 Advertisement Inglewood Newsletter

Is this a new injury? Y N If yes, what was the date of injury? _____

Work related? Y N Motor vehicle accident? Y N

Have you had chiropractic care before? Y N When/with whom? _____

Have you had recent X-rays? Y N

What facility is holding them? _____

What medications are you on? _____

Have you consulted anyone else? _____

Medical doctor (name, telephone): _____

Date of last physical: _____

Present reason for consulting our office:

- Correction and prevention of existing problem Pregnancy/fertility
 Maximizing personal health potential Family Wellness

If you have a specific chief complaint, please describe briefly. If not, please go on to the next section.

How and when did this problem start?

Location:

Does the pain travel anywhere else?

Is the problem: Constant Intermittent Worse with movement

Is the condition worse: In the AM In the PM No difference

Is the condition interfering with: Sleep Work Hobbies Other

Pain is: Sharp Dull Throbbing Aching Shooting Nagging Other

What aggravates your condition?

What relieves your condition?

On a scale of 1-10(with 10 being the worst) rate your level of discomfort?

Have you had this problem before? Yes No If yes, for how long?

If the condition was treated in the past, please describe treatment and results

Secondary complaints?

How do you prefer to receive information? (Check all that apply)

- | | |
|--|--|
| <input type="radio"/> As much detail as possible | <input type="radio"/> Direct and to the point, but informative |
| <input type="radio"/> More information to refer to after a visit to further explain the recovery process | <input type="radio"/> To build a relationship with my chiropractor |
| <input type="radio"/> I am not interested in receiving information – I only want pain relief | <input type="radio"/> I would be interested in attending monthly health seminars on varying topics |
| <input type="radio"/> Other: _____ | |

Have you ever had any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> aneurysm | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> respiratory conditions | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> cancer | <input type="checkbox"/> strokes | <input type="checkbox"/> allergies |
| <input type="checkbox"/> heart conditions | <input type="checkbox"/> hepatitis | <input type="checkbox"/> anxiety attacks |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> polio | <input type="checkbox"/> sleeping difficulty |
| <input type="checkbox"/> pneumonia | <input type="checkbox"/> HIV | <input type="checkbox"/> sinus conditions |
| <input type="checkbox"/> other (please explain): _____ | _____ | |

Many common problems can be linked to spinal dysfunction, originating from incidents at any age from birth to adulthood. Have you ever experienced any of the following?

- Head first falls High impact/contact sports Car accidents Bike Accidents
 Bad falls Poor posture
- Reaction to: Vaccines Fractures Surgery Childhood sickness Medications
- Other:

If other, please explain

Date of any accidents(or age when occurred)

Most people experience their first spinal trauma during the birth process. Do you know the details of your own birth?

- Forceps/Vacuum Caesarean Breech Blue baby Cord around neck
 Epidural Other

Thank you!