

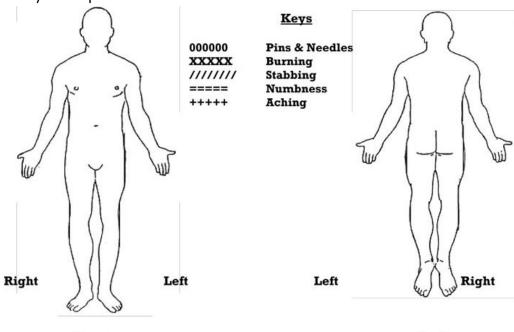
Chiropractic In	take Form	Date:	
How did you hear abo	out Catalyst Chiropractic?	?	
Name:	Gender:	Occupation:	
Address:		Postal Code:	
Home #:	Cell#:	Business #:	
Email:		_ Email Reminders? <u>Y / N</u>	
Date of Birth: Alberta Health Care #:			
Are you here for a WC	CB case? MVA case	e?	
Emergency Contact (ı	name and number):		
Please answer the qu	estions to the best of you		
1. What healt	h goals would you like to (	achieve (check all that apply)?	

( ) Pain relief – Focus on relieving pain and control of symptoms

( ) Rehabilitation – Focus on restoring strength and function
 ( ) Prevention – Focus on avoiding pain episodes and injury

( ) Other - \_\_\_\_\_

2. Please indicate the area on the provided diagrams which best represents the pain(s) and or sensation(s) you are currently experiencing. Please include all areas and use the symbols provided below.



3. Have you visited a chiropractor before? If yes, what area was treated? \_\_\_\_\_\_

Do you have a medical doctor? Y /N	If yes, doctor's name:
Do you authorize Catalyst Chiropractic	to exchange medical information with your doctor? Y / N

Circle any conditions that are presently causing you a problem. Underline those that have caused you problems in the past.

GENERAL SYMPTOMS	RESPIRATORY	GENITOURINARY
Fever Sweats Fainting Sleep disturbance Fatigue Nervousness Weight loss Weight gain	Chronic cough Spitting up phlegm Spitting up blood Chest pain Wheezing Difficulty breathing Asthma	Frequent urination Painful urination Blood in urine Pus in urine Kidney infection Prostate trouble Uncontrollable urine flow
NEUROLOGICAL	CARDIOVASCULAR	GASTROINTESTINAL
Visual disturbance Dizziness Fainting Convulsions Headache Numbness Neuralgia (nerve pain) Poor coordination Weakness	Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Hardening of arteries Swollen ankles Poor circulation Palpitations Cold hands or feet Varicose veins	Poor appetite Difficult digestion Heartburn Ulcers Nausea Vomiting Constipation Diarrhea Blood in stool Gallbladder/jaundice Colitis
EYES, EARS, NOSE, THROAT	MUSCLE & JOINT	FOR WOMEN ONLY
Eye pain Double vision Ringing in ears Deafness Nosebleeds Trouble swallowing Hoarseness Sinus infection Nasal drainage Enlarged glands	Neck pain Low back pain Arm pain Shoulder pain Leg pain Knee pain Foot pain Pain/numbness down arms/legs Pain between shoulders Swollen joints Spinal curvature (scoliosis) Arthritis Fractures	Painful menstruation Hot flashes Irregular cycle Cramps or back pain Vaginal discharge Nipple discharge Lumps in breast Menopausal symptoms Birth control pills Miscarriages Complications with pregnancy Pregnant? Y / N Week? Other:

Do you have any other health concerns not listed above?			
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Current Medications:			