Gonnet CHIROPRACTIC

INITIAL CLINICAL QUESTIONNAIRE (**CONFIDENTIAL)**

NAME: Dr/Mr/Mrs/Ms/Miss ____

ADDRESS: ____

DATE OF BIRTH: ________________________ EMAIL: __________________________

MOBILE PH: ___________________________ HOME PH: ________________________

OCCUPATION: __________________________ WORK PH: ________________________

WHO SHOULD WE CONTACT IN AN EMERGENCY? NAME: __________________________

PHONE NUMBER: _______________________ RELATIONSHIP: ____________________

HOW DID YOU HEAR ABOUT THIS CLINIC? FAMILY / FRIEND / DOCTOR / SIGN / GOOGLE / OTHER

YOUR REGULAR DOCTORS NAME & CLINIC: _____________________________________

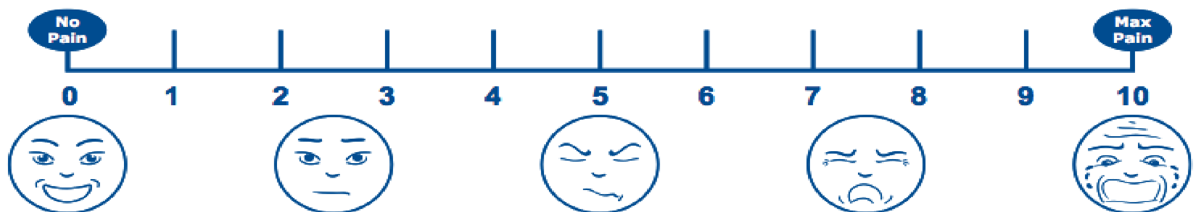
HAVE YOU EVER SEEN A CHIROPRACTOR BEFORE? YES / NO IF YES HOW LONG AGO? ____________

Please complete the information on the following pages as accurately as possible, to enable us to help you.

YOUR COMPLAINTS - Please list your complaints in order of priority if more than one complaint.

COMPLAINT 1 (Describe)____

Please use the chart to identify your level of pain or the level of severity of your problem

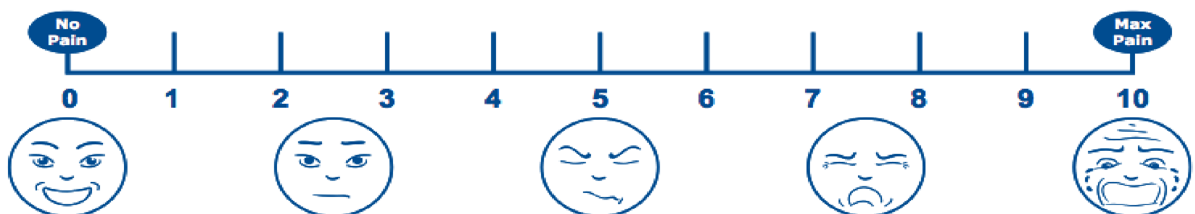


WHEN DID IT START? ______________________ WHAT CAUSED IT? ______________________

SINCE IT STARTED IS THE PROBLEM: GETTING BETTER / STAYING THE SAME / GETTING WORSE?

COMPLAINT 2 (Describe)____

Please use the chart to identify your level of pain or the level of severity of your problem

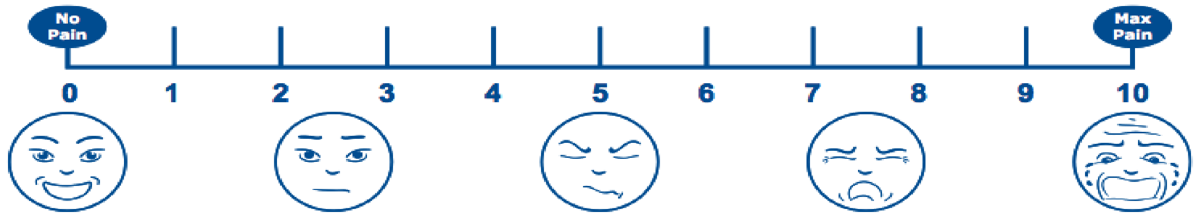


WHEN DID IT START? ______________________ WHAT CAUSED IT? ______________________

SINCE IT STARTED IS THE PROBLEM: GETTING BETTER / STAYING THE SAME / GETTING WORSE?

COMPLAINT 3 (Describe)____

Please use the chart to identify your level of pain or the level of severity of your problem



WHEN DID IT START? _________________________ WHAT CAUSED IT? ______________________________

SINCE IT STARTED IS THE PROBLEM: GETTING BETTER / STAYING THE SAME / GETTING WORSE?

DOES ANYTHING MAKE YOUR SYMPTOMS BETTER? ____

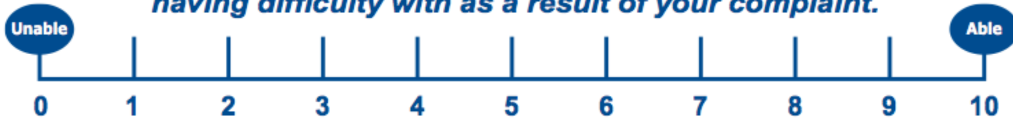
DOES ANYTHING MAKE YOUR SYMPTOMS WORSE? ____

HAVE YOU HAD ANY OTHER TREATMENT FOR YOUR PROBLEM/S? NO / YES (PLEASE DESCRIBE TREATMENT)

____

USING THE SCALE BELOW - WHERE ZERO MEANS YOU ARE UNABLE TO COMPLETE THE TASK

Please identify up to three (3) important activities that you are unable to do or are having difficulty with as a result of your complaint.

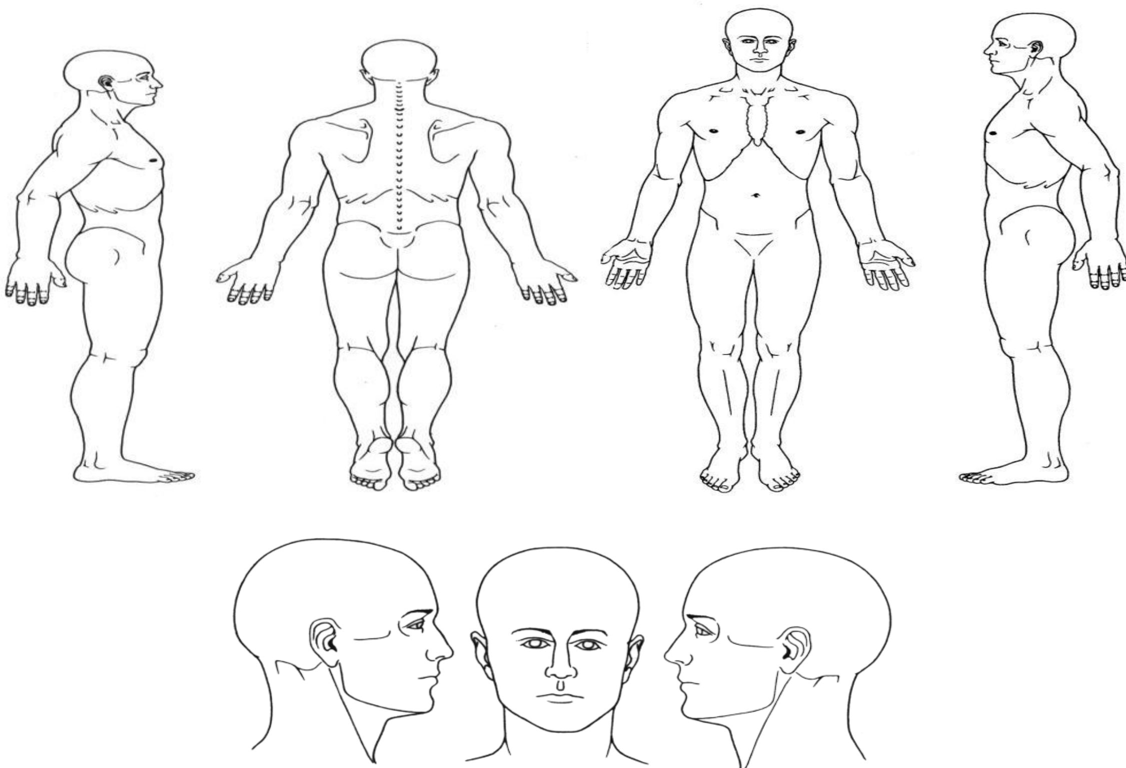


ACTIVITY 1: ____ SCORE OUT OF 10: _____________

ACTIVITY 2: ____ SCORE OUT OF 10: _____________

ACTIVITY 3: ____ SCORE OUT OF 10: _____________

WHERE IS THE PROBLEM? Please mark on the diagrams below where the areas of concern are



MEDICAL HISTORY

PLEASE LIST ALL CURRENT MEDICATIONS: ____

____

PLEASE LIST ALL PREVIOUS SURGICAL OPERATIONS: ____

____

HAVE YOU HAD ANY BROKEN BONES? NO / YES - please list which bone and when ____________________

____

HAVE YOU EVER HAD ANY FORM OF CANCER? NO / YES - please describe type and when _______________

____

HAVE YOU EVER HAD ANY FORM OF SPINAL INJURY OR WHIPLASH? NO / YES please describe type and when

____

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR HEALTH? _______________________________

____

AUTHORISATION

I confirm that I am not under the influence of alcohol, illicit drugs, or any other substance that may impair my judgement, or affect my ability to understand and sign this authorisation.

I consent to a professional and complete chiropractic examination and to any radiographic examination that the doctor deems necessary. I understand that any fee for services rendered are due at the time of service and cannot be deferred to a later date.

Patients Signature ____________________________Date __ / __ / __ Witness_______________________

It is a standard practice of this clinic to correspond with your medical practitioner if and where appropriate.

I GIVE / DO NOT GIVE consent for my clinical information to be communicated to my general practitioner.

Patient Signature __________________________Print Name ________________________Date _________

Gonnet Chiropractic provides an appointment reminder service by SMS and may also communicate with you from time to time by email or SMS. All clients are automatically enrolled in this service. If you do not wish to have this service please indicate below.

- Please do not send me appointment reminders and communicate by SMS and email