Sellars Chiropractic
& Wellness Centre

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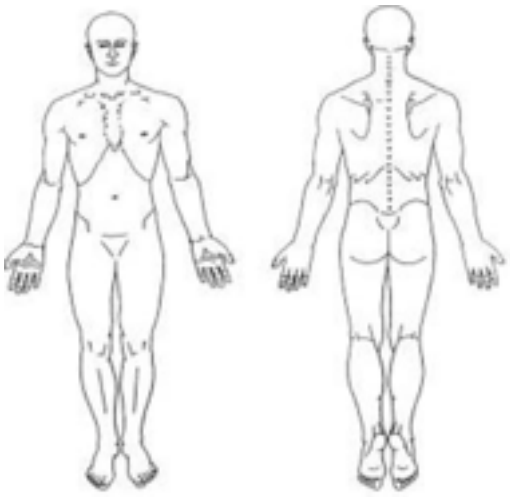
Chiropractic Confidential Health History Form

The information provided below will assist our therapists in providing you with the best care possible. The information is confidential, and will not be shared unless requested or required by law. Your written permission will be required prior to release of any information.

Name: _____ Birthdate: _____ Gender: ☐ Male ☐ Female
Address:_____ Emergency contact (name/phone):_____
City:_____ Postal Code:_____ Family Physician (name/phone):_____
Phone: (h)_____ Referred by:_____
(w)_____ Occupation:_____
(c)_____ Do you have children? (ages):_____
Email address:_____

Reason for coming:_____

Indicate with an X on the drawings below where you have pain/symptoms.



Using a scale from 0-10 (0 being no pain, 10 being the worst), how would you rate your problem? Please circle.

0 1 2 3 4 5 6 7 8 9 10

Date of Last (if applicable):

Physical Exam: _____ Spinal X-Ray: _____
MRI, CT-Scan: _____ Bone Density Scan: _____

List all prescription medication(s), over-counter-medication(s) and supplements you are currently taking.

_____

Previous surgeries?

_____
_____
_____

Do you have any other medical conditions?

_____
_____
_____

Previous injuries? (car accidents, hospitalization, fractures)

_____
_____
_____

What physical activities do you do outside work?

_____
_____
_____

Please indicate all symptoms/conditions that you are experiencing (check) or ever have experienced (circle):

Cardiovascular
- ☐ High or low blood pressure
- ☐ Chronic congestive heart failure
- ☐ Heart attack –date: _____
- ☐ Stroke – date: _____
- ☐ Varicose veins
- ☐ Heart disease
- ☐ Hardening of arteries
- ☐ Circulatory disorder
- ☐ Bleeding disorder
- ☐ Other: _____

Gastrointestinal
- ☐ Poor or excessive appetite
- ☐ Indigestion
- ☐ Nausea or vomiting
- ☐ Belching or gas
- ☐ Pain over stomach
- ☐ Constipation or diarrhea
- ☐ Hemorrhoids
- ☐ Jaundice
- ☐ Gall bladder problems
- ☐ Ulcers
- ☐ Diabetes (type I or type II)

Women
- ☐ Pregnant, due: _____
- ☐ # of pregnancies: _____
- ☐ Painful menstruation, heavy flow
- ☐ Hot flashes
- ☐ Cramps or backache
- ☐ Lumps in breasts, swollen breasts

Respiratory
- ☐ Chronic cough
- ☐ Difficulty breathing
- ☐ Bronchitis
- ☐ Asthma
- ☐ Chest pain
- ☐ Spitting up phlegm or blood

Head and Neck
- ☐ Headaches
- ☐ Migraines
- ☐ Vision problems (blurred, failing vision, double vision, eye pain): _____
- ☐ Hearing loss
- ☐ Earaches
- ☐ Ringing or noise in ears
- ☐ Frequent colds
- ☐ Sinus infection
- ☐ Enlarged thyroid
- ☐ Enlarged glands
- ☐ Speech problems
- ☐ Difficulty swallowing

Genitourinary
- ☐ Trouble urinating
- ☐ Blood in urine
- ☐ Kidney infection
- ☐ Bed wetting
- ☐ Prostate problems

General Symptoms and Conditions
- ☐ Loss of consciousness / blackouts
- ☐ Fever
- ☐ Sweats
- ☐ Dizziness or fainting
- ☐ Loss of sleep
- ☐ Convulsions
- ☐ Nervousness / anxiety / depression
- ☐ Personality disorder
- ☐ Allergies: _____ _____
- ☐ Cancer: _____
- ☐ Skin conditions: (rashes, dry skin, bruising) _____
- ☐ Infectious conditions: (HIV, hepatitis, etc) _____

Muscle and Joints
- ☐ Arthritis – where: _____
- ☐ Swollen joints: _____
- ☐ Artificial joints, internal pins
- ☐ Neck pain/stiffness
- ☐ Back pain/stiffness
- ☐ Shoulder / elbow / arm
- ☐ Wrist / hand
- ☐ Hip / knee / leg
- ☐ Ankle / foot
- ☐ Numbness, pain, tingling – where: _____
- ☐ Weakness or loss of strength: _____

Do you smoke? Yes / No

What activities do you do at work?

□ Sitting	□ Most of the day	□Half the day	□A little of the day
□ Computer work	□ Most of the day	□Half the day	□A little of the day
□ Standing	□ Most of the day	□Half the day	□A little of the day
□ Lifting	□ Most of the day	□Half the day	□A little of the day
□ Overhead work	□ Most of the day	□Half the day	□A little of the day
□ Other: _____	□ Most of the day	□Half the day	□A little of the day

Anything else pertinent to your visit today?

_____

May we contact you via email regarding your appointments or ongoing treatment? Yes/No
May we contact you via email regarding clinic updates and promotions? Yes/No

Today's Date: _____
Update 1: _____
Update 2: _____
Update 3: _____