Tillsonburg Family Chiropractic

Dr. Donna Sykes B.Sc., D.C.
Doctor of Chiropractic

Welcome to Tillsonburg Family Chiropractic. Thank you for choosing our practice for your health needs. We appreciate the time you will spend completing our forms. Your doctor of chiropractic will use the information you provide, a consultation and a thorough spinal exam to determine how we can best help you. Please read both sides of the questionnaire and fill out to the best of your ability. If you have any questions about these forms, please ask the doctor during your consultation.

CONFIDENTIAL PATIENT INFORMATION

Name:_____ Home Phone: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Birth Date: D ____ M _____ Y _____ Age: _____
Health Card #: _____ Version Code: _____ Family Dr: _____
Male ☐ Female ☐ Height: _____ Weight: ____ # of Children: _____ Spouses Name: _____
Do you have extended health care? Yes ☐ No ☐ If yes, provider: _____
Is this a work place injury? Yes ☐ No ☐ If yes, Social Ins. #: _____
Date accident occurred: _____
Is this a Motor Vehicle Accident? Yes ☐ No ☐ If yes, please ask receptionist for additional forms.
Occupation: _____ Employer: _____
Employer Address: _____ Business #: _____
Who may we thank for referring you to this office? _____

CURRENT HEALTH CONDITION

Current Complaint(s): _____
_____
Other Doctors seen for this condition: Yes ☐ No ☐ Who? _____
Type of Treatment Undergone: _____ Results: _____
When did this condition begin? _____ Has this condition occurred before? Yes ☐ No ☐
What aggravates your condition? ☐ Sitting ☐ Standing ☐ Bending ☐ Driving
☐ Walking ☐ Lying Down ☐ Other: _____

What relieves your condition? ☐ Bed Rest ☐ Ice ☐ Heat ☐ Massage ☐ Medication
☐ Other: _____

Is the condition getting: ☐ Worse ☐ Better ☐ Constant ☐ Comes/ Goes
Describe Pain: ☐ Sharp ☐ Dull Ache ☐ Burning ☐ Pins and Needles ☐ Numb
Please describe how it feels when this problem is at its worse: _____
Please circle on the grade indicating the severity of your pain least 1 2 3 4 5 6 7 8 9 10 worse
Compare the problem at its worst and when you feel great. How does the problem at its worst interfere with:

Your ability to work? _____
_____
Your ability to enjoy your family and social time? _____
_____
Your ability to enjoy your hobbies and sports? _____