



# Tillsonburg Family Chiropractic

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At its worst, how old does it make you feel? \_\_\_\_\_

If you don't get this problem corrected, do you think it will get worse in the next 5 years? Yes  No

Drugs you are currently taking:  Nerve Pills  Painkillers/Muscle Relaxers  Insulin  
 Blood Pressure Pills  Others: \_\_\_\_\_

Do you suffer from any conditions other than that for which you are now consulting us? \_\_\_\_\_

On a scale of 1 to 10, 10 being the highest, rate your commitment to correcting this problem: \_\_\_\_\_

Have you had x-rays taken of your spine in the last 6 months? Yes  No  If yes, where? \_\_\_\_\_

At this present time, are you experiencing any of the following:  Dizziness  Double Vision  
 Shortness of Breath  Severe Headache  Balance Problems

## PAST HEALTH HISTORY

Please check or describe:

Major Surgeries/Operations:  Appendectomy  Tonsillectomy  Gallbladder  Hernia  
 Back Surgery  Broken Bones  
 Other: \_\_\_\_\_

Previous Childhood Traumas: \_\_\_\_\_

Sports Injuries: \_\_\_\_\_

Motor Vehicle Accidents: \_\_\_\_\_

Work Injuries: \_\_\_\_\_

Hospitalizations other than above: \_\_\_\_\_

Previous Chiropractic Care: Yes  No  Doctor's Name and Date of Last Visit: \_\_\_\_\_

## FAMILY HEALTH HISTORY:

Does any member of your family suffer from the same condition? Yes  No  Whom? \_\_\_\_\_

Does any member of your family suffer from cancer? Yes  No

Does any member of your family suffer from a heart condition or has had a stroke? Yes  No

Have your children ever had a spinal check-up? Yes  No  If yes, where and when? \_\_\_\_\_