

Adelaide Chiropractic Centre

Level 3, 55 Gawler Place, Adelaide, South Australia 5000

Telephone (08) 8221 6262

Patient Health History

Name Birth Date Age
SURNAME FIRST NAMES

Address Phone No (w)
 Phone No (H)

Email Mobile No

Marital Status Children

Occupation Employer

How did you hear about this centre? Eg: Friend/Colleague, Internet, GP, Other

Health Cover YES NO Fund Workcover YES NO Motor accident YES NO

General	
Convulsions	
Dizziness	
Fatigue	
Headaches	
Loss of Sleep	
Nervousness/Depression	
Cancer	
Diabetes	

Muscle & Joint	
Arthritis	
Low back pain	
Neck pain or stiffness	
Pain between shoulders	

Gastro-Intestinal	
Constipation	
Indigestion	
Gall-bladder trouble	
Nausea/Vomiting	
Stomach Pain	
Haemorrhoids	

Genito-Urinary	
Bed wetting	
Blood in urine	
Frequent urination	
Kidney infection or stones	
Painful urination	

Women Only	
Excessive menstrual flow	
Irregular cycle	
Breast lumps	
Menopausal symptoms	
Painful menstruation	
Pre-Menstrual Tension	

Respiratory	
Chest pain	
Chronic cough	
Difficulty breathing	
High blood pressure	
Asthma	

Eyes, Ears, Nose & Throat	
Ear ache	
Ear noises	
Eye pain	
Hay fever	
Sinus infection	
Sore throat	

Pain or numbness in:	
Shoulders	
Arms/elbows	
Hands	
Hips	
Legs	
Knees	
Feet/ankles	
Spinal curvature	

Do you smoke? NO YES How many per day?

How much alcohol do you drink per week?

Accidents (serious)

Hospitalization/Operation

List current medication

Date of last Chiropractic visit Name of Chiropractor

What is your major complaint?

List previous diagnosis and treatment you have received for this complaint

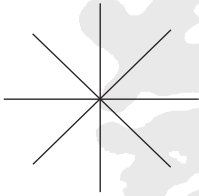
Sporting activities and/or leisure pastimes

Signature Date

Office use only:

Lined writing area for notes.

C°

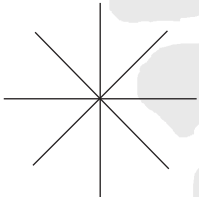


VAT _____

Compression/ Distraction _____

ULNTT _____

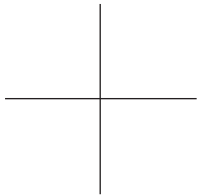
L°



LLNTT _____

Neuro _____

SI



Palpation _____

Xray Analysis

Lined writing area for X-ray analysis.

