

Confidential Patient Information

Our practice is dedicated to helping you get the best results possible. You can help by taking some time to give us the most accurate information on your background history and present this on your first visit.

Name: _____
 Address: _____
 No. **Street** **Suburb** **Postcode**
 Mobile: _____ Landline: _____
 Email: _____
 Date of birth: _____ Age: _____
 Occupation: _____
 How did you hear about us: Internet/General Practitioner/Referral by a friend/other
 Friend's name: _____ Other: _____

If covered by private health insurance; Fund Name: _____
 Is this a WorkSafe/TAC/EPC consultation? Yes / No Claim number: _____

Have you had previous chiropractic care: Yes / No
 If yes, name of chiropractor: _____
 When was your last chiropractic visit? _____
 Have you had previous myotherapy care: Yes / No
 If Yes, name of myotherapist: _____
 When was your last myotherapy visit? _____
 Do you have any relevant radiology images: Yes/No

Confidential Case History

What is your major complaint? _____
 How long has it been a problem? _____
 Do you know why it occurred? _____
 What makes your problem feel worse? _____
 What makes your problem feel better? _____
 Is the problem getting: Worse/Better/Staying about the same?
 Is the problem interfering with: Work/Sleep/Rest/Sport/Concentration?
 How is this condition impacting your life? _____
 Have you had this condition before? _____
 Are there other problems you need help for? _____

 List any relevant surgeries with the year performed: _____
 List any medications you take: _____
 List any significant physical trauma's such as motor vehicle accidents and falls:

