

Please complete the following form, save a copy to your computer using Adobe Reader, and email a copy to the Doctor

First Name	Last Name	Middle Initials
Street Name	City	Postal Code
Province	Home Tel ()	Bus Tel ()
Date of birth	Age	Sex
Occupation	Employer	Marital Status
		Tel # ()

Email Address

Would you like to be added to our monthly newsletter?

Extended Health Care Company Policy #

Motor Vehical Accident Claim? Accident Date Claim #

Work Injury Claim (WSIB)? Accident Date Claim #

OHIP # Letter Code

Family Physician Contact # Last Visit (dd/mm/yy)

Prior Chiropractor Contact # Last Visit (dd/mm/yy)

How did you hear about our clinic?

Reason for seeking consultation

Expectations

Pain / Discomfort - location (*low back, right shoulder*), type (*stiff, achy, burning, numbness, sharp, pressure*), and intensity (*0-10*)

Location	Type	Intensity
Location	Type	Intensity
Location	Type	Intensity
Location	Type	Intensity
Location	Type	Intensity

Past Medical History - please list all conditions (*diabetes, osteoporosis, cancer, heart disease, HIV, hepatitis, arthritis, stroke, etc.*)

Childhood Conditions - please list all (*Measles, mumps, chicken pox, whooping cough, rheumatic fever, ear infections, etc.*)

Please describe the health history of your family (*diabetes, cancer, heart disease, back pain, headaches, arthritis, etc.*)

Mother

Father

Other Family Member

Please Type in your Initials

Date

Please check the appropriate box for any of the following symptoms you are currently experiencing

NEUROLOGICAL

Dizziness
Fainting
Chills
Fever
Depression

CARDIOVASCULAR

Hypertension
Hypotension
Chest Pain
Ankle Swelling
Atherosclerosis

RESPIRATORY

Chronic Cough
Wheezing
Asthma
Labored Breath
Thick phlegm

EARS

Hearing Loss
Ear Noises
Ear Aches
Ear Discharge

MUSCLE / JOINT

Arthritis
Spine Stiffness
Weakness
In-coordination
Foot Trouble

Skin

Bruise easily
Discoloration
Skin rash
Varicose veins
Hives / Allergy

GENITO-URINARY

Painful Urination
Frequent
Loss of Control
Blood in Urine
Prostate Trouble

NOSE & THROAT

Hoarsness
Nosebleeds
Sinus Infection
Enlarged Glands
Sore Throat

PAIN

Neck
Lower Back
Shoulder
Hips
Knees
Elbows
Hands

GI

Gas / Bloating
Constipation
Diarrhea
Stomach Pain
Hemorrhoids
Nausea
Poor Appetite

EYES

Far Sighted
Near Sighted
Blurred Vision
Eye Pain
Double Vision
Cross Eyed
Dry Eyes

WOMEN ONLY

Cramps
Irregular Cycle
Painful Cycle
Pregnant (yes)
Menopause (yes)
Birth Control (yes)

Medication List *(include dose and duration of use)*

Vitamin or Herbs *(include dose and duration of use)*

Surgeries, Operations, Falls, or Accidents *(please list all)*

Do you drink alcohol

Amount

Do you smoke

Amount

Coffee

Amount

Sleep

Wake well-rested?

Stress

Source

Physical Activities & Hobbies

Past

Current

Consent for Examination Procedures - I consent to the examination procedures recommended to me by Dr. Rene Asselin. I intend this consent to cover the entire course of treatment and for any future conditions (s) for which I seek consultation / assessment for. I further understand and I am informed that , as in all health care, in the practice of chiropractic there are some risks associated with examination, including but not limited to soreness, stiffness, muscle strains, joint sprains, fractures, and disc herniations. I do not expect the doctor to be able to anticipate and explain all the risks and complications. Therefore, I with to rely on the Doctor to exercise judgment during the course of the examination which the Doctor feels at the time, based upon the facts then known, and are in my best interest. I have been informed that the privacy policy and a list of the cost for services are located in the clinic, and on our website; www.synergywellnesscentre.com. I have had the opportunity to discuss the clinic fees and privacy policy. Additionally, if you are unable to make an appointment please provide us with at least 24 hrs notice (cancellation policy in effect) - patient are responsible for all fees.

Please type in your initials to consent to the above procedure