Pre-Consultation Adult Form

WINDSOR
CHIROPRACTIC
VITAL FAMILY CARE

Name: ..... Date of Birth: ..... File Number: .....

Occupation: .....

Address: ..... Suburb: ..... Postcode: .....

Email: .....

Home: ..... Work: ..... Mobile: .....

Partner's Name: ..... Children: .....

EMERGENCY CONTACT DETAILS Name: ..... Phone: .....

What brings you here today?

.....

How long have you been experiencing this?

☐ days ☐ weeks ☐ months ☐ years

Has it been getting better or worse or no change?

.....

Have you suffered with this before?

☐ yes ☐ no

Symptoms from nerve pressure can appear in defferent ways. Do you experience:

☐ Sharp pain ☐ dull pain ☐ stabbing pain

☐ aching ☐ numbness ☐ loss of power

☐ headaches ☐ Other .....

Is your condition affecting your mobility?

☐ yes ☐ no

Is the condition starting to affect/limit your lifestyle?

☐ yes ☐ no

Do you take symptom masking medicines (panadol, asprin, anti-inflammatories etc) more than once a month?

☐ yes ☐ no

Have you been to a chiropractor before?

☐ yes ☐ no

Have you had spinal x-rays previously taken?

☐ yes ☐ no

Please circle any spinal problems and associated symptoms you are aware of: