

Name: _____ D.O.B: _____ M/F

Address: _____ Postcode: _____

Contact Phone Number: _____ Occupation: _____

SMS Reminders: Y/N Email: _____

How did you hear about KR Chiropractic? _____

Health Cover Fund Name: _____ Extras Cover: Y/N

Next of Kin Contact Person: _____ Phone Number: _____

Previous Chiropractic Care: Y/N Clinic/Chiropractor name: _____

GP Name: _____ Last GP Visit: _____

Please describe your current complaint:

When did it begin and how?

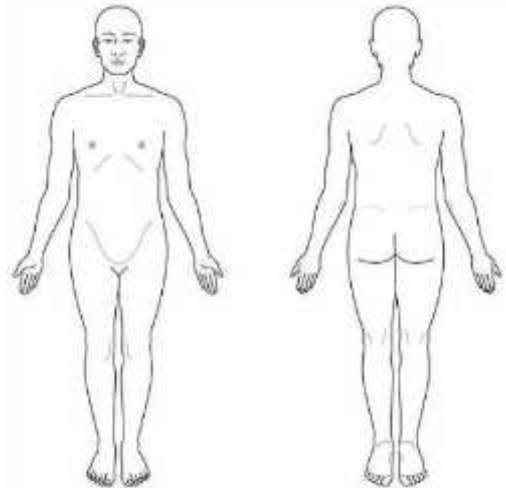
Has it happened before or is the condition new? _____

How would you describe your condition?

(Please tick)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Sharp | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Dull | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Constant | <input type="checkbox"/> Pins and Needles |
| <input type="checkbox"/> On and Off | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Ache | |

Please mark on the model below where you are experiencing discomfort/pain



Rate your complaint discomfort out of 10

(0 = no discomfort, 10 = maximal discomfort/pain)

0 1 2 3 4 5 6 7 8 9 10

Does anything aggravate your condition?

Does anything relieve your condition?

Do you have any other conditions that you would like addressed?

Fractures/Dislocations: _____

Hospitalisations: _____

Operations: _____

Serious illnesses: _____

Medications: _____

Family history: ___ Stroke – Self / Sibling / Parent / Grandparent

___ Cancer – Self / Sibling / Parent / Grandparent

___ Osteoporosis – Self / Sibling / Parent / Grandparent

___ Diabetes – Self / Sibling / Parent / Grandparent

___ Heart Condition – Self / Sibling / Parent / Grandparent

Please tick all relevant conditions below:

GENERAL

- Cancer
- Anaemia
- Weight loss/gain
- Loss of appetite

MUSCULOSKELETAL

- Arthritis
- Osteoporosis
- Joint/Muscle pain
- Spinal trauma

GASTROINTESTINAL

- Stomach pain
- Reflux
- Changes in bowel habits
- Changes in bladder habits
- Constipation/diarrhoea
- Blood in stools

RESPIRATORY

- Cough
- Asthma
- Difficulty breathing

NEUROLOGICAL

- Dizziness/vertigo
- Light headed
- Memory issues
- Weakness
- Headaches
- Migraines

CARDIOVASCULAR

- Chest Pain
- Pressure on chest
- High/low blood pressure
- Heart problems
- High cholesterol

SKIN

- Slow healing
- Bruises easily
- Rashes
- Mole changes

WOMEN'S HEALTH

- Irregular periods
- Painful periods
- Breast lumps
- Menstrual cramps

IMMUNOLOGIC

- Allergies/hayfever
- Sinus trouble
- Cold/flu
- Fever
- HIV

GENITOURINARY

- Frequent urination
- Painful urination
- Incontinence
- Blood in urine
- Kidney infections/UTIs

EENT

- Glasses
- Hearing disturbances
- Visual disturbances
- Nose bleeds
- Sore throat

MEN'S HEALTH

- Prostate issues
- Difficulty urinating
- Prostate/testicular cancer