

PERSONAL AND FAMILY HEALTH HISTORY

Today's date: _____

Name: _____ Marital status: S M W D
last first middle

Address _____
street city postal code

Gender M F Age _____ Date of Birth (mm/dd/yyyy) _____

Spouse _____ Children _____

Home Phone # _____

Text reminders: ↓ yes no Cell Phone # _____

Cell Phone Provider (ie. Rogers, Telus, Bell, etc) _____ (only if you want text reminders)

Email reminders: yes no Email _____

****By checking a box above you are giving Maple Meadows Chiropractic permission to contact you for appointment reminders*

****If you do not want to be contacted regarding our upcoming events please check here*

Occupation _____ Employer _____

Who referred you to our office? _____ Medical Doctor _____

When was your last adjustment? _____ By Whom? _____

Do you need statements for Extended Health No _____ Email _____ Print _____

Are you claiming Worker's Compensation? No _____ Yes _____ Claim # _____

Are you claiming under ICBC? No _____ Yes _____ Claim # _____

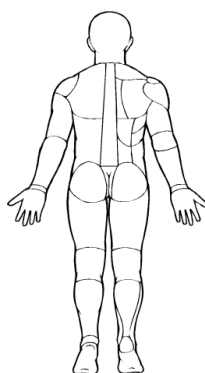
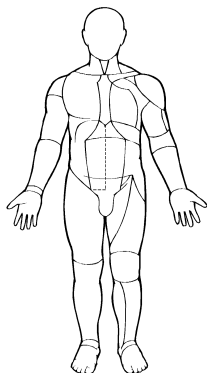
Set-up your appointment reminders (Select one)

PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES

YOUR CURRENT GOALS FOR HEALTH AND WELLBEING

- I am only concerned about relief of a particular symptom
- I am concerned about relief of a particular symptom, and preventing its return
- I am here for preventative wellness care

Please clarify areas of concern:



PERSONAL HISTORY

**THE HUMAN BODY IS DESIGNED TO EXPRESS HEALTH AND FUNCTION NORMALLY.
 HOWEVER, EVENTS MAY OCCUR IN LIFE, WHICH CAN INTERFERE WITH THIS NATURAL ABILITY.
 THIS INTERFERENCE IS COMMONLY THE RESULT OF VERTEBRAL SUBLUXATIONS.
 STRESS THAT MAY BE PHYSICAL, CHEMICAL OR EMOTIONAL
 MAY CAUSE THESE SUBLUXATIONS.**

**THE PRACTICE OF CHIROPRACTIC IS BASED ON THE LOCATION AND REDUCTION OF NERVE
 SYSTEM INTERFERENCE CAUSED BY THE VERTEBRAL SUBLUXATION.**

PLEASE TELL US ABOUT ANY STRESS UP TO THE PRESENT:
check any that apply

Family Health: Is there a family history of: Arthritis Cancer Diabetes Strokes
 Heart Disease High Blood Pressure Other _____

- Personal Health:**
- Stress at birth (premature / forceps) Explain: _____
 - Allergies / Asthma _____
 - Digestive problems _____
 - Auto accident _____
 - Work injury _____
 - Sports injury _____
 - Work stress _____
 - Family / Home stress _____
 - Prescription drugs (*please list*) _____
 - Non-prescription drugs (*please list*) _____
 - Hospitalizations _____
 - Surgeries _____
 - Major illnesses _____
 - Reoccurring illness _____
 - Limited exercise _____
 - Poor nutrition _____

Anything else: _____