

# Bankers Hall Chiropractic Admittance Form

Last Name:		First Name:	Gender: M / F
Address:		City, Province:	Postal Code:
Phone (Home) (    )		Phone (Work) (    )	Phone (Cell) (    )
Alberta Health Care #		3 <sup>rd</sup> Party Insurance #	
Emergency Contact Name:		Emergency Contact Phone (    )	
Date of Birth:	Age:	Height:	Weight:
Occupation:		Marital Status: Single Married Widowed Divorced	
Email address: for appointment reminders (optional)			

Who referred you to our office? \_\_\_\_\_

Reason(s) for appointment: \_\_\_\_\_

When did your condition begin? \_\_\_\_\_

Have you ever had similar problems?  Yes  No

Have you had X-rays, MRI, or other tests for this condition?  Yes  No Which tests, when? \_\_\_\_\_

Is this a work related injury?  Yes  No has your employer been notified?  Yes  No

Is this a Motor Vehicle Accident (MVA)?  Yes  No On what date did the accident occur? \_\_\_\_\_

Can you perform daily home activities?  Yes  Yes, but only with help  Not at all

Can you perform your daily work activities?  All activities  only some activities  Not at all

Describe your stress level  None  Mild  Moderate  High

Do you exercise?  Daily  Occasionally  Not at all

What kinds of exercise do you do? \_\_\_\_\_

List all previous surgeries, illnesses, injuries (including MVA): \_\_\_\_\_

Have you had previous chiropractic care?  Yes  No Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Family doctor name: Dr. \_\_\_\_\_

List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: \_\_\_\_\_

Date: \_\_\_\_\_ Patient signature: \_\_\_\_\_