VIC Chiropractic Intake Form Structure

This form is for those seeking chiropractic structural adjustments.

Personal Information

Legal first name

Last name

Preferred first name

Street

Unit

City

State/Province

Postal code

Home phone

Mobile phone

Email address

Date of birth

Relationship status

Gender

- ◯ Male
- ◯ Female

Occupation and Referral

Occupation

Hours per week

Referred by

In case of emergency, who should we contact?

Legal first name

Last name

Relationship

Home phone

Mobile phone

Email address

Have you ever been under Chiropractic care? If so, please share when and describe your experience and the results.

What Is your primary complaint and your reason for scheduling an appointment for treatment?

Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture?

1=Poor; 10=Excellent

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

1 = Poor, 10 = Excellent

Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.

1=Low; 10=High

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

1 = Low, 10 = High

Stress can cause or accelerate spinal damage. Rate your stress level over the last 7 days.

1=Low; 10=High

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

1 = Low, 10 = High

Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury? ◯ Yes ◯ No

Describe the location and nature of your trouble:

What caused the onset?

When did It start?

Does the complaint radiate or travel? If so, where?

What methods have you tried to alleviate the problem (even if not successful)?

Have you consulted another physician for this? Who and What was the outcome?

What makes the pain feel worse?

What makes the pain feel better?

Please list any other health symptoms or health complaints you are experiencing, even if they seem completely unrelated.

When was your last complete set of spinal x-rays?

What is your height and weight? How has this changed in the last 10 years?

Prescription medications and surgeries may cause various side effects, hide the severity of health problems, and hinder the body's ability to heal.

Please list your current medications including dose and frequency (if applicable):

Please list your current supplements including dose and frequency (if applicable):

Ever on Crutches? Why?

Ever had any spinal taps or spinal injections? Include dates.

Please list any surgeries you have had in the past including dates:

Please list any hospitalizations you have had in the past including dates:

Were you ever knocked unconscious? When? How long were you unconscious?

How has your complaint changed since the onset?

- ◯ It is getting better
- ◯ It is not changing
- ◯ It is getting worse

How often do you experience this complaint?

- ◯ Constantly (100%)
- ◯ Frequently (75%)
- ◯ Occasionally (50%)
- ◯ Intermittently (25%)

Does your complaint worsen? If so, When?

- ◯ Morning
- ◯ Midday
- ◯ Night
- ◯ Sleep
- ◯ Work
- ◯ Other

If "Other", please specify

How much has the complaint interfered with your normal work? (including both work outside the home and housework)

- ◯ Not at all
- ◯ A little bit
- ◯ Moderately
- ◯ Quite a bit
- ◯ Extremely

How much would you say this complaint has affected your social activities?

- ◯ All of the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ A little of the time
- ◯ None of the time

How would you describe the sensation of your complaint?

- ◯ Sharp pain
- ◯ Shooting
- ◯ Numbness
- ◯ Tingling
- ◯ Dull ache
- ◯ Burning
- ◯ Throbbing
- ◯ Other

If "Other", please specify

Is there any chance that you are pregnant?

- ◯ Yes
- ◯ No
- ◯ N/A

Do you have a pacemaker?

- ◯ Yes
- ◯ No

Do you have any metal implants or devices?

- ◯ Yes
- ◯ No

General History Self and Family

	Self	Mother	Father
Diabetes	☐	☐	☐

	Self	Mother	Father
Heart Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐
Low Blood Pressure	☐	☐	☐
Cancer	☐	☐	☐
Hypoglycemia	☐	☐	☐
Tuberculosis	☐	☐	☐
Vaccinations	☐	☐	☐

Is there anything else that you would like to share with us regarding your health and/or current condition?