Newcastle
Chiropractic
& Health Centre

10 King Ave East
Newcastle, Ont. L1B1H6
905-987-9900

New Patient Intake Form

Name:_____ **Date:**_____

Home Phone #:_____ **Work Phone #:**_____

Home Address:_____ **City:**_____ **Postal Code:**_____

Medical Doctor:_____ **Email Address:**_____

Gender: Male_____ **Female**_____ **Age:**_____ **Birth Date:**_____

Marital Status: (circle one) M S W D **Spouse's Name:**_____

Children's Names and Ages:_____

Occupation:_____ **Work Activity:** ____Sitting ____Standing ____Manual labour

Do you have Extended Health Care? N or Y: ____Chiropractic ____Orthotics ___Massage ___Acupuncture

How did you hear about our clinic? ____Referral ____Doctor ____Website ____Advertising ____Other

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Present Complaint

Are you here because of: work related injury Yes____ No____ Auto accident Yes____ No____

What is your presenting complaint? Where do you feel the problem?

_____

_____

When did this start?_____ **How did it start?**_____

Have you had this similar condition before? N or Y:_____

How bad is your pain/ache? (circle one) 0 1 2 3 4 5 6 7 8 9 10 (0 - no pain & 10 - most pain)

How frequent is your problem? ____constant ____frequent ____occasional ____comes & goes

What activities aggravate your condition?_____

Do you feel your condition is getting: ____worse ____better ____no change

On the body diagrams to the right, please indicate your areas of symptoms by drawing in the appropriate symbols.

P – pain
N – numbness
W – weakness
S – shooting
A - aching