



**MURRAY**  
FAMILY CHIROPRACTIC

*Pain Relief to Wellness*

389 Eagle Street, Newmarket ON, L3Y 1K5 Tel: 905-895-0663 Fax: 905-895-0976

**NEW PATIENT HISTORY FORM**

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: (M) \_\_\_\_\_ / (D) \_\_\_\_\_ / (Y) \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: M S W D Spouse's Name: \_\_\_\_\_

# of Children: \_\_\_\_\_ Children's Name & Ages: \_\_\_\_\_

**ABOUT YOUR HEALTH**

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nervous system, that have resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

**Loss of Whole Body Health (Birth to Present)**

From birth, certain stresses in your life start to produce layers of damage to your spine and nervous system. Eventually you begin to experience symptoms and random bouts of sickness.

**Childhood History**

- Born by Forceps
- Born by Cesarean
- Born Breech
- Stomach sleeper as a child
- On antibiotics as a child
- Used Puffers as a child

Childhood Surgeries: \_\_\_\_\_

Childhood injuries, falls, car accidents: \_\_\_\_\_

Contact Sports: \_\_\_\_\_

**After Childhood to Present**

- Smoke
- Drink Alcohol
- Eat unhealthy foods
- Little to no exercise
- Occupational Stress
- Home Stress
- Physical Stress
- Computer (home or work)
- Sit at work mostly
- Stand at work mostly
- Stomach sleeper

Surgeries: \_\_\_\_\_

# of Medications per day: \_\_\_\_\_

What do you take Medications for?

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

Sports/Hobbies: \_\_\_\_\_

Car Accidents: When? \_\_\_\_\_

Briefly Describe: \_\_\_\_\_

Falls/Injuries: \_\_\_\_\_ When: \_\_\_\_\_

\_\_\_\_\_ When: \_\_\_\_\_

Emotional Trauma \_\_\_\_\_ When: \_\_\_\_\_

\_\_\_\_\_



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Many times symptoms indicate a long standing spinal condition. Please check off any symptoms you experience now, or have experienced in the past.

### Cervical

**Past Present**

- Headaches
- Migraines
- Fatigue
- Insomnia
- Irritability
- Anxiety
- Depression
- Neck Pain
- Dizziness
- Nausea
- Loss of Concentration
- Difficulty Sleeping
- Arm/Hand – pain/numbness
- Frequent colds/flu
- Cough
- Cancer
- Stroke
- Vision Problems
- Ringing in Ears
- Earaches
- Hearing Loss
- Allergies
- Osteoporosis
- High Blood Pressure
- Weight Problems

### Thoracic

**Past Present**

- Mid Back Pain
- Chest Pain
- Heart Problems
- Heartburn
- Difficulty Breathing
- Asthma
- Ulcers
- Shoulder Pain

### Lumbar

**Past Present**

- Digestive Problems
- Low Back Pain
- Constipation
- Diarrhea
- Urinary Problems
- Menstrual Problems
- Leg/Foot pain/numbness
- Hip Pain
- Diabetes
- Disc Degeneration

Please describe your symptoms or reasons for making this appointment:

\_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

Have you had a similar condition in the past? \_\_\_\_\_

What makes it worse? \_\_\_\_\_ Relieves it? \_\_\_\_\_

Do you feel your symptoms have been getting:  better  same  worse?

Is the pain:  sharp  dull  burning  tight  throbbing  numb?

Is this condition interfering with your:  work  home routine  family?

What doctors have you seen about this condition? \_\_\_\_\_

Have you seen a Chiropractor before?  yes  no When? \_\_\_\_\_

Approximately how many visits? \_\_\_\_\_

Reason for discontinuing care \_\_\_\_\_



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## **INSURANCE**

I understand that any insurance coverage is an arrangement between the insurance company and me. I understand that Murray Family Chiropractic will prepare any necessary statements and forms to assist me in collecting from the insurance company. Furthermore, I understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment.

Do you have health insurance benefits?     Yes     No

## **INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENT AND CARE**

Physicians, Chiropractors, Osteopaths and Physiotherapists are required to advise patients with neck problems of the following: There have been very rare incidents of injury to the vertebral artery during the course of treatment. This has caused strokes or stroke-like occurrences, which are usually of a temporary nature. Research indicates the chances of this happening are upwards less than 1 in 5 million. Tests, with or without x-rays, will be performed on you to minimize this risk to you. Chiropractic is considered to be one of the safest and most effective forms of therapy for neck conditions. If you have any questions about this, please ask your Chiropractor.

I have read the above statements and consent to treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_