



BACK & BODY HEALTH

PDF Intake Form Directions

Due to the sensitive nature of the information required, you cannot send these forms via e-mail.

Please print off your intake form, complete it and bring with you to your appointment. Alternatively, you can fax it to us at: 403.245.9030.

If you have any questions please call us:
Tel: 403.209.BACK (2225)



BACK & BODY HEALTH

ACUPUNCTURE & TRADITIONAL CHINESE MEDICINE

PERSONAL INFORMATION		
Name:		Today's Date (mm/dd/yyyy):
Date of Birth (mm/dd/yyyy):	Age:	Gender: Female Male
Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	
Business Phone:	Email:	
Spouse / Partner:	Children: Yes No	
Your Occupation:		
Employer:		

In case of emergency, whom should we notify?	
Relation to you?	Contact Number:

Extended Health Care Company:	Policy Number:
Family Doctor:	

How did you hear about our office:	Doctor	Health Care Prof.	Friend	Phone Book	Sign	Internet
Other:	If you chose friend who can we thank?					

PERSONAL HISTORY	
What is your reason for seeking treatment?	
Is your condition due to:	Accident Illness Other:
Did your accident occur while you were at work?	Yes No When?
Where you involved in an automobile accident?	Yes No When?
When did it begin (Date)?	
Describe what caused it:	
What makes it better?	What makes it worse?
Is it getting worse? Yes	Does it interfere with: Work Sleep Daily Routine Other
No	
Explain:	



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Who have you consulted in regards to your present problems?

Secondary complaints:

Previous Medical Care:

Operations (please indicate all surgeries, type and year):

Is there any family disease tendency of which you are aware? If so, please list below:

CURRENT MEDICAL CONDITIONS (Please list the condition, date diagnosed and treatment for the condition. If you are under the care of a specialist for the condition, please include their contact information.)

CURRENT MEDICATIONS & SUPPLIMENTS (Please list the name of the medication, what you take it for, how long you have been taking it, including all vitamin and/or herbal products and their dosages.)

ALTERNATIVE HEALTH CARE

Are you receiving any alternative health care? (Chiropractic, Naturopathy, Massage, Homeopathy, Ayurveda, Reiki, Reflexology, etc.)



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DIAGRAM

Please indicate on the following diagram the location and nature of the pain:

