

## PATIENT HISTORY FORM

To be filled in by Back 2 Balance.

Name of Chiropractor..... Date.....

## PERSONAL DETAILS

To be filled in by patient – Please write clearly

Surname..... Title.....

Forenames..... Date of birth..... Age.....

Full address.....

Postcode..... Home telephone no..... Mobile no.....

Email address.....

Marital status..... Number of children.....

Ages of children..... How did you hear about us?.....

Are you currently in a relevant legal claim? Please detail.....

Do you have medical insurance?..... Which company?.....

Your height..... Your weight.....

## EMPLOYMENT DETAILS

Occupation..... Employer.....

Number of years in job..... Previous job if under 2 years.....

Describe any physical/repetitive elements to the job.....

Work telephone number.....

## HEALTH DETAILS

Name of GP..... Telephone.....

Address of GP.....

Any medication being taken (name, strength, quantity, how long, what for).....

.....

Have you recently lost or gained any weight.....

Any broken bones (how, when).....

Any major or minor accidents or falls (how, when).....

Any operations.....

Last menstrual period..... Regular breast examination (when, by whom).....

Do you smoke?.....per day Do you drink?.....units per day (1/2 pint=1unit)

Have you had any other recent medical treatment? Yes/No

Details.....

Please use the back of this form if you need to add anything else. Revised November 2008

Have YOU or any of your FAMILY members suffered with any of the following conditions? (write a brief description)

	Self	Immediate Family	Description	Age at diagnosis
Liver/kidney problems				
Heart/stroke problem				
Lung/breathing problem				
Digestion problem				
Bowel problem				
Bladder problem				
Reproductive problem				
Circulation problem				
Diabetes				
Cancer				
Epilepsy/nervous disorder				
Allergy & skin disorders				
Blood pressure problems				
Migraines/headaches				
Dizziness				
Tinnitus (buzzing in the ears)				
Ears/Eyes/Nose/Throat problems				
Arthritis/orthopaedic problems				
Multiple sclerosis				

Any other problems.....

On a scale of 0-10 in which box would you put your pain level at for your primary complaint

X on worst pain, O for average/best pain ⊗ if both the same

0           10

It is the Clinics Policy to occasionally contact your GP. Do you give your consent: Yes/No

To the best of my knowledge I am / I am not pregnant (please delete as appropriate)

I understand that any x-rays or other diagnostic tests undertaken by this clinic remain the property of the clinic and will only be released to other parties with my prior agreement. (In case of treatment to a minor, or a patient who is recognised to have diminished intellectual capacity, this consent is to be signed by either parent or legal guardian, this fact being appropriately noted below)

Signed..... Date.....