

Personal Information

Title: Mr Mrs. Miss Dr. Gender: Male Female Other: _____ Date: _____

First Name: _____ Last Name: _____ Date of Birth (D/M/Y): _____

Cell Phone#: _____ Home Phone #: _____ Alberta Health Care #: _____

e-mail (optional for emailed statements and reminders): _____

Emergency Contact Name and Phone Number: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Occupation: _____ Work related injury? Yes No

Who referred you to the clinic? _____

Medical Information

Name of Medical Doctor: _____ Clinic & Location: _____

Please list any Allergies: _____

Have you had previous Chiropractic care? Yes No Previous Chiropractic Clinic: _____

Last Visit: _____ Results: Good Fair Poor

What is your reason for seeking chiropractic today? _____

How long have you been experiencing symptoms? _____

What type of care interests you? Acute Care Regular Chiropractic and Wellness Care

Medical History

Please check all that apply:

- Fatigue/Loss of Sleep
- Dizziness
- Weakness in arms
- Weakness in legs
- Numbness in arms
- Numbness in legs
- Headaches
- Neck pain
- Upper back pain
- Lower back pain
- Arm Pain
- Leg Pain
- Constipation/Diarrhea
- Swelling of Joints/Arthritis
- Poor concentration
- Hearing Loss/ Ringing
- Weight Gain/Loss
- High blood pressure
- Elevated cholesterol
- Diabetes / Type I or II
- Cancer
- Heartburn
- Vision Changes/Loss
- Difficulty Breathing
- Asthma
- Nausea
- Poor control of bladder/bowel
- Frequent urination
- Depression
- Auto-Immune Disease: Please List: _____
- Other: Please List: _____

Family History:

- Cancer
- Stroke
- Diabetes
- Hypertension
- Other - Please List _____

Social History:

- Smoke
- Alcohol
- Caffeine
- Current Exercise Level: _____

Please list past surgeries:

Please list / provide a copy of medications/vitamins

For women only:

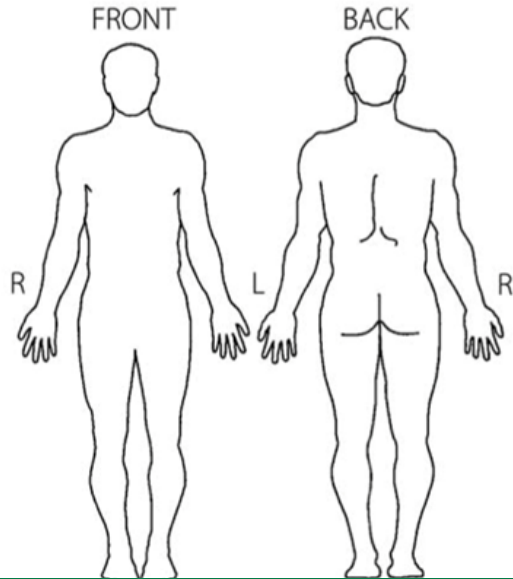
- Pregnant? No Yes, Due Date: _____
- Menstrual Pain Mood disturbance
- Irregular cycle Menopause Hot flashes

Please Turn Over

Name:

Date:

Presenting Complaints



HOW TO COMPLETE THIS DIAGRAM

On the body to the left, using the symbols below, please mark the location of your primary complaint and described sensation.

1

| | | | | | |
|--------------|-------------------|---------------------------|-------------------|----------------------------|---------------|
| Ache XXXX | Burning ++++++ | Numbness ^ ^ ^ ^ ^ ^ ^ | Tingling ***** | Stabbing/Sharp //////// | Deep ===== |
|--------------|-------------------|---------------------------|-------------------|----------------------------|---------------|

2

How did your symptoms start?

- sudden
- gradual
- car accident
- work related injury

When did your symptoms start?

- 0-3 months ago
- 3-6 months ago
- 6-9 months ago
- 1 year or more ago

3

Please mark on the line below the level of your discomfort.

0 _____ 10
no pain worst pain

Fee Schedule and Policies

Scheduling:

- We encourage all appointments to be scheduled beforehand to reduce patient waiting time.
- Walk-ins are welcomed, but scheduled patients will be seen first.
- Cancellation Notice: We understand that unforeseen events may make it difficult for you to make your appointment, but we appreciate and require an advanced notice of 4 hours for cancelled appointments. A fee of \$25 will be charged for missed appointments with no prior notice. Please initial here to acknowledge you have read the cancellation policy.

Initial: _____

Payment:

- Payment is expected in full for each visit. We accept Cash, Debit, Visa, Mastercard, and Cheque.
- We provide direct billing of insurance for most compaines, please supply us with your insurance information.
- Should you discontinue treatment, any outstanding balance will become due immediately and payable in full by you.

Initial: _____

Fees:

Adult Patients:

- Initial Consultation: \$90
- Adjustments: \$50
- NKT, Laser Therapy: \$50
- Chiropractic + NKT/Laser: \$85

Child Patients:

- Initial Consultation: \$80
- Student Adjustments (13+): \$40
- Age 0-12 Adjustments: \$35

Other Services:

- Custom Orthotics: \$375
- After hours/Emergency: \$60
- Supplements: Prices as seen

Massage Therapy is available for 30 min (\$55), 45 min (\$75), 60 min (\$85), and 90 min (\$120) time slots.

Promotions:

- The last Thursday of every month is Senior's Day. All patients that are 65 years of age and older qualify for \$35 adjustments (excluding initial consultation).
- The first week of the month is Family Week. If parent and child attends, adults will receive treatment for \$40 (excludes initial consultation)

With this signature, I declare that I have read and understand the terms and conditions of Anders Victoria Chiropractic.

Print Name: _____ Signature: _____ Date: _____