ANDERS VICTORIA CHIROPRACTIC

New Patient Intake Form

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:

□Fatiuge/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 conentration
□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

_____

_____

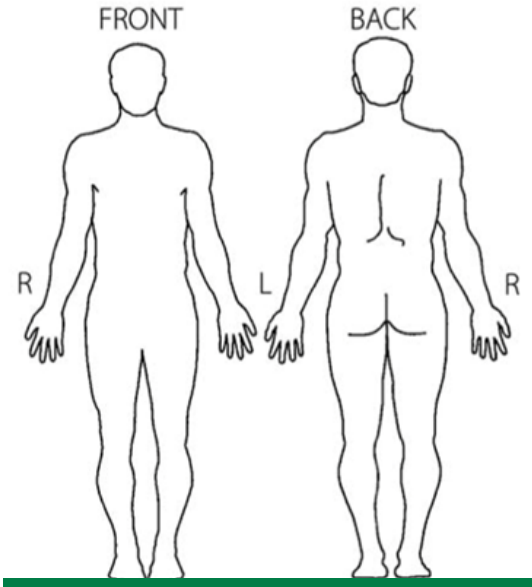
_____

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

1

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

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

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: $110
Adjustments: $55
NKT, Laser Therapy: $55
Chiropractic + NKT/Laser: $100

Child Patients:
Initial Consultation: $80
Student Adjustments (13+): $45
Age 0-12 Adjustments: $40

Other Services:
Custom Orthotics: $400
After hours/Emergency: $60
Supplements: Prices as seen

Massage Therapy is available for 30 min ($65), 45 min ($85), 60 min ($95), and 90 min ($135) 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 $40 adjustments (excluding initial consultation).
- The first week of the month is Family Week. If parent and child attends, adults will receive treatment for $45 (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:_____