

Ashbridge's

Health Centre

Dr. Emily Howell, BPHE (H), DC, FCCP(C) & Dr. Ceara Higgins, BKin, DC

Chiropractors and Acupuncture Practitioners

1522 Queen St. East, Toronto, ON M4L 1E3 416-465-5575

Patient Health Record

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (M/D/Y): _____ Age: _____ Gender: M _____ F _____

Telephone: (home) _____ (business) _____ (cell/pager) _____

Please circle which telephone number where you would like us to contact you

Email address: _____

Marital Status: CL M S W D Partner/Spouse's name: _____

Children (names & ages): _____

Occupation: _____

Extended Health Insurance Company: _____ Telephone: _____

How did you hear about us? _____

Current Health Condition

Claim made against WSIB? _____ Car insurance? _____

Previous Chiropractic care: _____

Other Previous Therapies: _____

What is your major concern: _____

How long have you had this condition? _____

What activities relieve it? _____

Is the condition getting worse or better over time? _____

Is it constant or does it come and go? _____

Is this condition interfering with activities of daily life? _____

Other concerns: _____

Medication/Drugs taking: _____

Supplements/vitamins taking: _____

MD Name: _____ Last visit: _____

Last dental exam: _____

Past Health History

Do you smoke? _____ If so, how much and for how long? _____

Do you exercise? _____ How often/how long/what types? _____

Do you drink alcohol? _____ If so, how much? _____

How do you rate your diet? _____ How is your sleep? _____ # hours per night? _____

Previous accidents/falls: _____

Surgeries/Hospitalizations: _____

Conditions diagnosed with: _____

Conditions in family history: _____

The information I have provided is accurate and true to the best of my knowledge. I also understand that there may be a cancellation charge if 24-hour notice is not given.

Date: _____ Signature: _____

Check any of the following conditions that you have had:

Muscles

- neck pain
- lower back pain
- mid back pain
- upper back pain
- shoulders
- leg: left/right
- knee: left/right
- arm pain
- joint pain/stiffness
- walking problems
- scoliosis
- sciatica
- difficult chewing
- clicking jaw
- general stiffness
- other _____

Gastro-intestinal

- poor/excessive appetite
- excessive thirst
- frequent nausea
- vomiting
- diarrhea/constipation
- hemorrhoids
- liver problems
- kidney problems
- gall bladder problems
- ulcer
- hernia
- weight trouble
- abdominal cramps
- gas/bloating after meals
- heartburn
- black/bloody stool
- colitis
- difficult digestion

Genito-urinary

- bladder trouble
- discoloured urine
- painful/excessive urination

Nervous System

- nervousness
- numbness
- paralysis
- dizziness
- fainting
- stress sweats
- convulsions/seizures
- cold/tingling extremities

General

- fatigue
- allergies
- loss of sleep
- fever
- headaches: type _____

Skin

- rashes
- skin condition: type _____
- bruise easily

CVR

- asthma
- chest pain
- short breath
- blood pressure problems
- irregular heartbeat
- heart problems
- lung problems/congestion
- varicose veins
- ankle swelling
- stroke
- chronic cough
- poor circulation
- phlebitis

EENT

- vision problems
- dental problems
- sore throat/earaches
- ringing in ears
- nose bleeds
- sinus problems
- contact lenses

Male/Female

- prostate problems
- sexual dysfunction
- menstrual irregularities
- vaginal pain/infections
- breast pain/lumps
- miscarriage
- therapeutic abortion
- gynecological surgery
- menopause
- caesarean section
- pregnancy

Infections

- hepatitis
- plantar warts
- herpes
- HIV/AIDS
- TB

Diet Includes

- caffeine
- alcohol
- tobacco
- dairy products

Diseases

- pneumonia/pleurisy
- polio
- measles
- diabetes
- arthritis
- eczema
- anemia
- rheumatic fever
- whooping cough
- mumps
- chicken pox
- cancer
- epilepsy
- multiple sclerosis
- osteoporosis

Other Therapy

- chiropractic
- acupuncture
- naturopathic
- movement analysis
- craniosacral
- massage therapy
- shiatsu
- reflexology

Outline areas of discomfort on the diagram

*AAA=aching | OOO=pins & needles | XXX=burning
 ///=stabbing | ***=numbness*

