

LAST NAME _____
 ADDRESS _____
 SUBURB _____ STATE _____
 OCCUPATION _____
 MOBILE # _____ HOME # _____
 EMAIL _____

FIRST NAME _____
 PREFERRED SALUTATION _____
 BIRTHDATE ____/____/____ AGE _____
 PARTNERS NAME _____
 Emergency Contact _____
 Emergency Phone# _____

Referred by: Patient..... Google / GP / Newspaper / Letterbox drop / Signage/ Posture Health

WHAT IS YOUR MAJOR COMPLAINT? _____

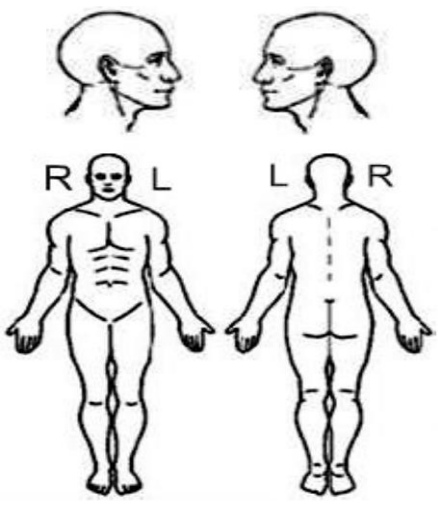
WHAT IS THIS KEEPING YOU FROM DOING? _____

OTHER HEALTH COMPLAINTS _____

ARE THESE CONDITIONS GETTING PROGRESSIVELY WORSE? (Please circle): YES / NO / COMES AND GOES / CONSTANT

HOW LONG HAVE YOU HAD THIS COMPLAINT? _____

Please mark areas of concern on these figures below:



PLEASE TICK	___ Painful Joints	___ Allergies
___ Headaches	___ Restricts daily activities	___ Hay Fever
___ Migraines	___ Sore muscles	___ Asthma
___ Neck problems	___ Walking problems	___ Eczema
___ Shoulder problems	___ Broken Bones	___ Shingles
___ Arm problems	___ Muscle Cramps	___ Nausea
___ Hand/Finger	___ Weak Muscles	___ Poor digestion
___ Pain between shoulders	___ Dizziness	___ Ulcers
___ Low Back problems	___ Fainting	___ Diarrhoea
___ Leg problems	___ Forgetfulness	___ Constipation
___ Knee problems	___ Depression	___ Kidney Infection
___ Foot/Toe problems	___ Vision problems	___ Menstrual Cramps
___ Numbness	___ Ear Pain/Noises	___ Diabetes
___ Pins and Needles	___ Ear Infections	___ High Blood Pressure
___ Loss of Feeling	___ Hearing Loss	___ Low Blood Pressure
___ Stiff Joints	___ Frequent Colds	___ Tiredness/ Fatigue
___	___	___
___	___	___

Name of Doctor: _____

From Birth to Present please list by Date and Describe:

Surgeries: _____

1. Car accidents _____

Medications: _____

2. Falls/Injuries (Inc. Sports) _____

Have you ever had Chiropractic care before? Yes / No

Sign: _____ Date ____/____/____
 END

(FOR OFFICE USE ONLY)

CERVICAL			
Flexion -L	50		
-R	50		
Extension-L	60		
-R	60		
Lat. R. Flex	45		
Lat L Flex	45		
Rotation R	80		
Rotation L	80		

LUMBAR			
Flexion -L	60		
-R	60		
Extension-L	25		
-R	25		
Lat R Flex	25		
Lat L Flex	25		
Rotation R	30		
Rotation L	30		

	L	N	R
Arm Power- Rock			
Arm Power- Paper			
Arm Power- Scissors			
Trunk Rotation			

