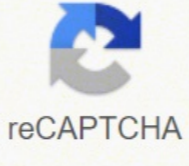




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Chiropractic patient intake form template

Roper Avenue Chiropractic
Dr. Carlos J. Lapelle
15158 Roper Avenue, White Rock B.C.
V6B 2E7 (604) 931-8700

Confidential Patient Information

Why Chiropractic?
People go to chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (RELIEF CARE). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (CORRECTIVE CARE). Dr. Lapelle will weigh your needs and desires when recommending your treatment program.

Date of First Visit _____ Is this a WCB or ICBC Claim (please circle)
B.C. Care Card Number _____
Name: _____
Address: _____ City: _____
Postal Code: _____ Date of birth (day/month/year): _____ / _____ / _____
Home Phone: _____ email: _____
Occupation: _____ Work Phone: _____ cell: _____
How were you referred to our clinic?
Number of Children: _____ Ages (if under 18) _____
If you have children, have their spines been checked? Yes _____ No _____
Major complaint _____
Other concerns: _____
How long have you had this condition(s)? _____
What aggravates this condition(s)? _____
List any surgeries, accidents, falls _____

Any foot disorders? Yes _____ No _____
Do you wear orthotics? Yes _____ No _____
Our clinic offers Custom Orthotics when recommended.
Are you on any drugs? _____ Pain killers? _____ Muscle relaxants? _____
Have you had previous Chiropractic care? _____ When (year) _____ No. of visits _____
Chiropractor's Name: _____ Location (if in B.C.) _____

Health History - check only those conditions that are applicable:

_____ allergies	_____ osteoporosis	_____ fractures	_____ heart disease	_____ stress
_____ anemia	_____ chronic fatigue	_____ stroke	_____ weight problems	_____ other
_____ arthritis (osteo)	_____ fibromyalgia	_____ kidney	_____ insomnia	_____
_____ bowel pain	_____ lung disease	_____ liver	_____ dizziness	_____
_____ diarrhea	_____ ergasia	_____ hormonal	_____ frequent colds	_____
_____ constipation	_____ cancer	_____ migraines	_____ eye problems	_____
_____ gas/indigestion	_____ diabetes	_____ jaw pain	_____ tendonitis	_____
_____ brain disease	_____ ear problems	_____ rheumatism	_____ thyroid	_____



Massage Therapy Client Health Intake Form

Patient Information

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
E-mail: _____
Occupation: _____ Date of Birth: _____
Emergency Contact Person: _____ Phone: _____
Are you currently under a physicians care for an acute or chronic illness? Y ___ N ___
If yes please explain: _____
If yes, who is your health care provider: _____
Are you currently taking any prescribed medication or dietary supplements? Y ___ N ___
If yes please explain: _____
Have you received a massage before? Y ___ N ___ If yes, when: _____
How did you hear about me? _____
What are your goals for this session: _____
Please list areas of tension, stress and/or pain you wish to be addressed: _____

Health Information

Please mark an (X) by all current conditions and (P) for all past conditions

- | | | |
|-------------------------------------|----------------------------|--------------------------|
| _____ Abdominal /digestive problems | _____ Depression | _____ Pregnancy |
| _____ Allergies | _____ Diabetes | _____ Rash/fungus |
| _____ Anxiety | _____ Fatigue | _____ Sinus problems |
| _____ Arthritis/tendonitis | _____ Headaches, migraine | _____ Sleep difficulties |
| _____ Asthma or lung cond. | _____ Hearing problems | _____ Spinal disorders |
| _____ Athletes foot | _____ Hernia | _____ Sprain/strain |
| _____ Blood clots | _____ High blood pressure | _____ Tension/stress |
| _____ Chronic pain | _____ Jaw pain/TMJ pain | _____ Vision problems |
| _____ Circulatory/heart problems | _____ Low blood pressure | _____ Varicose veins |
| _____ Constipation/diarrhea | _____ Muscle/bone injuries | _____ Other _____ |
| | _____ Muscle/joint pain | |
| | _____ Numbness/tingling | |

Elaborate on noted areas above: _____

Please list any recent injuries or surgeries within the past 5 years: _____

Please list your stress-reduction activities, hobbies, exercise and/or sport participation: _____

SUCAMORE INTEGRATED HEALTH
New Patient Intake Form

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Occupation: _____
Date of Birth: _____
Emergency Contact Person: _____ Phone: _____
Are you currently under a physicians care for an acute or chronic illness? Y ___ N ___
If yes please explain: _____
If yes, who is your health care provider: _____
Are you currently taking any prescribed medication or dietary supplements? Y ___ N ___
If yes please explain: _____
Have you received a massage before? Y ___ N ___ If yes, when: _____
How did you hear about me? _____
What are your goals for this session: _____
Please list areas of tension, stress and/or pain you wish to be addressed: _____

New Patient Intake Form

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Occupation: _____
Date of Birth: _____
Emergency Contact Person: _____ Phone: _____
Are you currently under a physicians care for an acute or chronic illness? Y ___ N ___
If yes please explain: _____
If yes, who is your health care provider: _____
Are you currently taking any prescribed medication or dietary supplements? Y ___ N ___
If yes please explain: _____
Have you received a massage before? Y ___ N ___ If yes, when: _____
How did you hear about me? _____
What are your goals for this session: _____
Please list areas of tension, stress and/or pain you wish to be addressed: _____

Quality Chiropractic Center
Animal Chiropractic New Patient Intake Form: Page 1 of 3

CLIENT (OWNER) NAME: _____ DATE: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
HOME PHONE: () _____ CELL PHONE: () _____
E-MAIL: _____ REFERRED BY: _____

PATIENT (ANIMAL) NAME: _____ MALE _____ FEMALE _____
SPECIES: _____ DOG _____ CAT _____ OTHER: _____ BREED: _____
COLOR/IDENTIFYING MARKS: _____

REASON FOR THIS TREATMENT: _____

HISTORY OF ANY MAJOR HEALTH PROBLEMS OR SURGERIES: _____

RECENT CHANGE IN BEHAVIOR? IF SO DESCRIBE: _____

IF PET HAS A CONDITION OR ILLNESS, LIST OTHER DOCTORS SEEN AND PREVIOUS DIAGNOSES: _____

MY PET'S DIET IS THE FOLLOWING: _____

MEDICATIONS? _____
SUPPLEMENTS? _____

Have you ever heard about the chiropractor? Spinal manipulation is the key factor of chiropractic medicine because it is believed that a lot of mechanical disorders occur due to subluxation of the vertebral column at any level. Please print each of these three documents out, fill them out and bring them with you to your first visit. As interesting as it seems, chiropractic medicine has quite an interesting history too. In one of the columns provided in the form, the patient has to rate his pain from one to ten. Who was the founder of chiropractic medicine? Whether you're managing a hospital or private practice, take your Medical Application Forms online with Jotform! Simply choose a form template below to rid yourself of messy paperwork and improve your intake process. Chiropractic is responsible for the diagnosis and treatment of the disorders associated with our musculoskeletal system. Use this template Streamline your application process with a free, online Medical Application Form today! The musculoskeletal system is an important system of our body which allows us to move about and stay mobile all our lives. Chiropractic medicine was founded in 1890 by D.D. Palmer. Presenting complaints of the patient are also mentioned in the form. It tells us how the patient's perception of pain is. What is chiropractic practice? This method is called as spinal manipulation therapy SMT. Source: Please select the button above to fill out your paperwork online through our portal. (No printing necessary) If you are not comfortable, we offer our new patient paperwork here to make your first visit to our office faster and easier. Looking for a better way to gather medical staff application forms, reimbursement application forms, or health insurance application forms? He claimed that he received, rather was blessed with this knowledge from some other world and not from the usual medical practice or any of his own searches. General information about the current health status is also assessed through a number of questions in the intake form. In the recent years, all the efforts made by its founders happen to show results and today, chiropractic has gained legitimacy in a more acceptable way and now, we see many chiropractors practicing their medicine all over the world. Some other methods of treatment in chiropractic medicine involve the manipulation of joints and soft tissues around them. This form includes the information of the patient and also of the chiropractor. Patient's information and medical records can be stored using the secure Formplus storage. Another important aspect of this practice is that it does not encourage the idea of vaccination. Chiropractic intake form Chiropractic intake form is basically a kind of consent form in which the patient or the care taker consents for the treatment offered to the patient. With this form, patients can fill out the information required to undergo a chiropractic session such as contact information, medical information, medication list, complaints, and so on. He put all his efforts to expand this practice through the idea of innate intelligence and subluxation theory. Add your company logo, change fonts and colors, or add a useful widget or integration to make your application process even more efficient. If you feel your HIPAA privacy protection has been violated you can contact Diane Gore at (252)568-6440 or fill out and file the attached form. The activity level of the patient is also assessed through some questions in the form. Be sure to keep patient data HIPAA-compliant with a Silver or Gold plan — this is especially important for sensitive health information submitted for medical card applications, medical reimbursement applications, and medical insurance applications. No worries, let us introduce you to the term and then to the form which a chiropractor has to fill before taking a patient. The chiropractic intake form is used to gather relevant information about a new patient. This is an alternative medicine that has been brought into practice for ages now. Chiropractic has become an age-old practice and has been fully established in many regions of the world. The practice believes in

innate intelligence and immunity with the help of this instinctive intelligence. Get started with this intake form today. Why not integrate with a secure payment gateway like Stripe or PayPal to securely application fees online? This practice basically involves our musculoskeletal systems and the problems associated with it. No? This medicine basically is a hybrid of osteopathy and physical therapy. Other regions where this is practiced, involve Canada and Australia. It is very well functioning in some parts of the United States. Start by embedding your custom medical application form on your website, and watch as submissions are securely sent to your Jotform account — easy to view and manage on any device.If you'd like to customize the look of your chosen medical form, don't worry — Jotform Form Builder makes it easy to get the exact look you want. Many people from around the world who have back pains, especially lower back pains, seek a chiropractor for the relief of their miserable pain.

Chiropractic Intake Form. Check the needs of the patient by using this Chiropractic Intake Form. This will serve as a health record of the patient where the chiropractors can base on how they will proceed with the treatment. Patient Portal. Telehealth. Clinicians. Who It's For. Clinician Types. Healthcare Businesses. Chiropractic. ... Something went wrong while submitting the form. ... Spend less time collating Clinical Documentation - medical history, intake forms, healthcare consents, clinical reports, and treatment plans. Clinical Notes.

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