Newcastle Family **Chiropractic**

10 King Ave East
Newcastle, Ont. L1B1H6
905-987-9900

New Patient Intake Form

Name:________________________ **Date:**________________________

Home Phone #:________________________ **Work Phone #:**________________________

Home Address:________________________ **City:**________________ **Postal Code:**__________

Medical Doctor:________________________ **Email Address:**________________________

Gender: **Male**______ **Female**______ **Age:**__________ **Birth Date:**________________________

Marital Status: (circle one) M S W D **Spouse's Name:**________________________

Children's Names and Ages:____

Occupation:________________________ **Work Activity:** ____Sitting ____Standing ____Manual labour

Do you have Extended Health Care? N or Y: ____Chiropractic ____Orthotics ____Massage ____Acupuncture

How did you hear about our clinic? ____Referral ____Doctor ____Website ____Advertising ____Other

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Present Complaint

Are you here because of: work related injury Yes____ No____ Auto accident Yes____ No____

What is your presenting complaint? Where do you feel the problem?

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When did this start?________________________ **How did it start?**________________________

Have you had this similar condition before? N or Y:________________________

How bad is your pain/ache? (circle one) 0 1 2 3 4 5 6 7 8 9 10 (0 - no pain & 10 - most pain)

How frequent is your problem? ____constant ____frequent ____occasional ____comes & goes

What activities aggravate your condition?____

Do you feel your condition is getting: ____worse ____better ____no change

On the body diagrams to the right, please indicate your areas of symptoms by drawing in the appropriate symbols.

P – pain
N – numbness
W – weakness
S – shooting
A - aching