

Lushington Chiropractic Ltd: NEW PATIENT DETAILS

D.C:
Date:

Full name (Dr/Mr/Mrs/Ms/Miss):

Full address:

..... Postcode:

Date of birth: Age: No. of children: Marital status:

Phone Home: Mobile: Work:

Email Address in **BLOCK CAPITALS**:

Circle your preference for contact time: Phone AM / PM or don't mind

Occupation:..... No. years in job:

Who recommended you to us?

If you weren't recommended then how did you hear about us?

Name of GP: Name of surgery:

We'll only contact your GP if necessary. If you don't want us to contact your GP, then **don't provide their details**

When did you last see your GP, and what for?

Are you currently suffering from any medical conditions?

List any medication you are currently taking:

List all car accidents or other injuries you've had:

List all surgery/operations you have had:

Ever broken any bones?

Circle a number that best describes your TYPICAL/AVERAGE PAIN TODAY?

If you have more than one complaint write the individual complaint next to the number you circle. For example if you have neck pain which is roughly 5/10 and low back pain which is 9/10 then write:

Example

No pain 0 1 2 3 4 **5** 6 7 8 **9** *10 worst possible pain*

Neck Pain

Low Back Pain

What's your TYPICAL/AVERAGE PAIN TODAY?

No pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain

Chiropractors can help with a wide range of conditions, please list all the symptoms you've had in the last year

- | | | |
|--|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Leg pain | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Knee/ankle pain | <input type="checkbox"/> Constipation or IBS |
| <input type="checkbox"/> Mid-back pain | <input type="checkbox"/> Pins & Needles | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> Numbness | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Weakness | |
| <input type="checkbox"/> Arm/ Wrist pain | <input type="checkbox"/> Morning stiffness | |

Do you smoke? /day How much alcohol do you drink/week?

How much fruit/veg do you eat? portions/day Do you take any supplements?

Do you drink WATER daily? glasses/day How much coffee/tea/fizzy drinks? cups/day

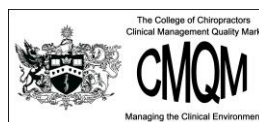
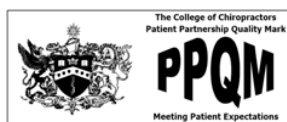
How often do you **exercise**? (please circle) never / once a week / 2-3 times / over 3 times

**It's important your chiropractors knows your FULL HEALTH history so they can properly assess your case.
Have YOU or any CLOSE FAMILY MEMBER suffered with any of the following?**

	YOU – give details	BLOOD RELATIVES
Back/neck pains/aches		
Headaches/migraines		
Cancer		
Tinnitus (ringing in the ear)		
Lung/breathing problems		
Liver/kidney problems		
Digestive problems		
Any bowel incontinence? Does it feel numb/strange around your buttocks?		
Any bladder incontinence? Or pins and needles/numbness in that area?		
Reproductive problems OR had a prostate examination		
Arthritis/orthopaedic problems		
Heart problem, or blood pressure problems		
Have you recently lost weight?		
Do you have a skin condition?		
Stroke or transient ischaemic attack (TIA)		
Circulation/blood clotting problems or blood thinning medication e.g. Warfarin		
Diabetes		
High blood cholesterol		
Dizziness		
Collagen or connective tissue disorder (e.g. Marfans)		
Multiple sclerosis		
Epilepsy or other nervous condition (e.g. M.S.)		
Zig-zags or 'flashing lights' in front of the eyes		
Any recent infection or fever / chills / night sweats		
Difficulty swallowing		
Recent head or neck trauma		
Do you take the oral contraceptive pill		

Doctors of Chiropractic are experts at diagnosing and treating a range of problems **throughout the body**. Our chiropractors always aim to get to the **root of a problem**. We believe that everyone, regardless of their age, deserves **specialist diagnosis, personalised healthcare and expert advice**. Thank you for choosing us.

We encourage **questions**: the more you understand the more you will get out of your treatment.



What's your main goal from care? Pain relief & help my body to move and work at it's best