

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 numbers: Home: Mobile: Work:

Email Address:

Occupation: No. years in job:

Previous occupation if less than 5 years:

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

Name of GP: Name of surgery:

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

Are you currently suffering from any medical conditions?

Please list any medication you are currently taking:

Please list any road traffic accidents you have had:

Please list any major surgery/operations you have had:

Have you ever broken any bones?

Do you smoke? a day

Do you drink alcohol? units a week

How much fruit/veg do you eat? portions a day

How much water do you drink per day? glasses a day

How many coffees, teas, fizzy drinks? cups a day

Thank you for downloading this from our website
Please remember to bring this form with you to your consultation.

How did you hear about us?

What position do you sleep in? **front / back / side / various** (please circle)

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

How would you describe your **stress** levels? **low / medium / high / extreme** (please circle)

How would you describe your **pain** level? **low / medium / high / extreme** (please circle)

What is your main complaint?.....

.....

Please turn over

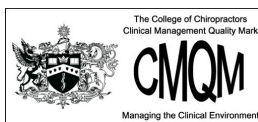
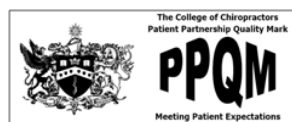
Have **YOU** or any **CLOSE FAMILY MEMBER** suffered with any of the following?:

	YOUR SELF	CLOSE FAMILY (e.g. parents/grandparents, other blood relatives)
Back/neck pains/aches		
Headaches/migraines		
Cancer		
Tinnitus (ringing in the ear)		
Lung/breathing problems		
Digestive/bowel problems		
Liver/kidney problems		
Bladder/incontinence problems		
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		
Circulation problems / blood clotting disorders or medication for vascular disease e.g Warfarin		
Diabetes		
High blood cholesterol		
Dizziness		
Previous transient ischaemic attack (TIA)		
Collagen or disorder (e.g. Marfans)		
Multiple sclerosis		
Epilepsy or other nervous condition		
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		
Do you take any supplements		

Doctors of Chiropractic are experts at diagnosing and treating muscle, joint and nerve 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**. We are proud of our reputation and proud that you have chosen us.

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



Support with
Confidence
EAST SUSSEX COUNTY COUNCIL

