

# Quaker Chiropractic & Sports Injury Clinic

Unit 1 - 28 Toronto St., S. Uxbridge, ON L9P 1P3

Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_ yr \_\_\_\_\_ mth \_\_\_\_\_ day

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

(H) Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Health/Surgical History:

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Where does it hurt? (Use the pain diagram

To the right to detail it.)

When did the problem start?

\_\_\_ days \_\_\_ weeks \_\_\_ Months

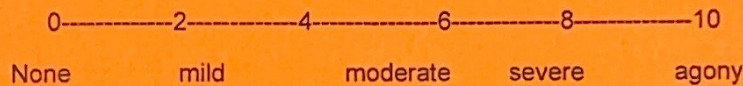
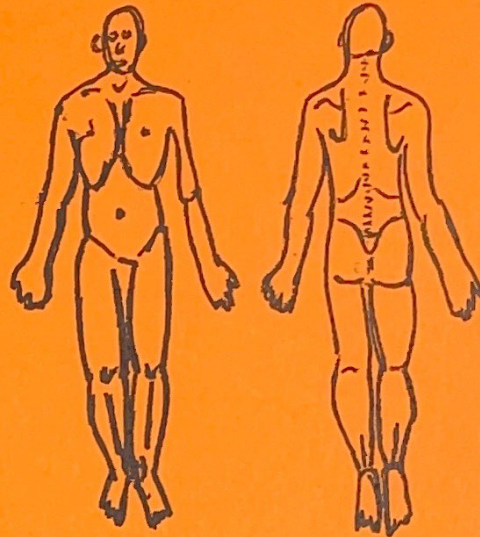
First Episode Y or N or Recurrent Y or N

Mechanism of Injury? Accident? Sports? Lifting? Household?

Describe \_\_\_\_\_

Problem Improving / Unchanging / Worsening?

Pain Intensity at this moment \_\_\_ At onset \_\_\_?



Pain Constant or Intermittent?

Sleep Disturbed Y or N?

Night pain Y or N?

Cough / Sneeze / Straining Increase your Pain Y or N

Pain Worse

Bending Forward / Backward

sitting / rising

standing / walking

lying

First thing out of bed / as the day progresses

Pain Better

Bending Forward / Backward

sitting / rising

standing / walking

lying

First thing out of bed / as the day progresses

What have you done so far to manage your pain?