

Welcome to healthy for life!

Our chiropractic mission is to enable you to be the best you can be.



New Client Details Form

Surname: _____ Age: _____

Forename(s): _____ DOB: _____

Address: _____

_____ Post Code: _____

Home Tel: _____ Work Tel: _____

Mobile: _____ Email: _____

Occupation: _____

Marital Status: S M D W

No & Age of children: _____

How did you hear about us? (If recommended, by whom?) _____

Name and Practice of GP _____

Welcome to our practice. Please answer the questions below so that we can help you the best we can.

Please tell us about why you have come to see us today and any symptoms you may have?

Please tell us when it started and any causes that you can think of.

What makes it worse?

What makes it better?

Have you had similar episodes before? When were they and were there any obvious causes then?

Have you seen your GP or any other practitioners about this prior to coming here? Please tell us what treatments you may have had, and any investigations.

GENERAL HEALTH

Please list any medication and supplements you are taking:

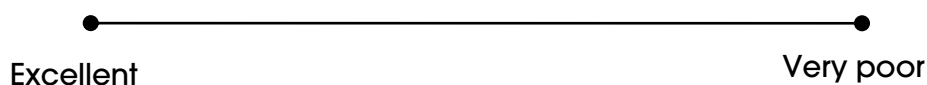
Please list with dates any previous surgery

Please list with dates any previous traumas/accidents/broken bones

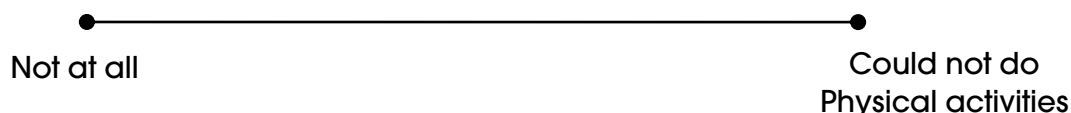
Please list with dates any serious illnesses/hospitalisations

For each of the following questions please make a straight line (up-and-down) to indicate your answer.

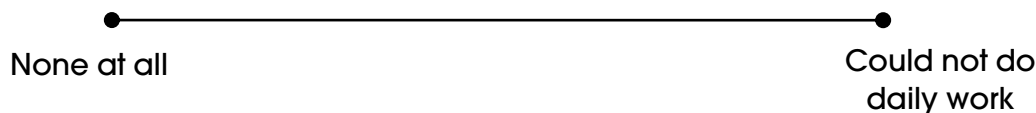
1. Overall, how would you rate your health during the past 4 weeks?



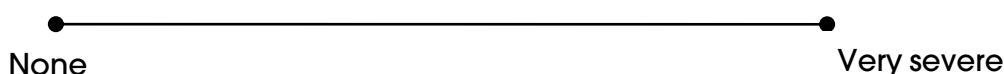
2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?



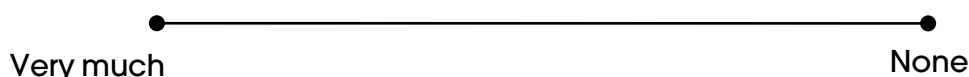
3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?



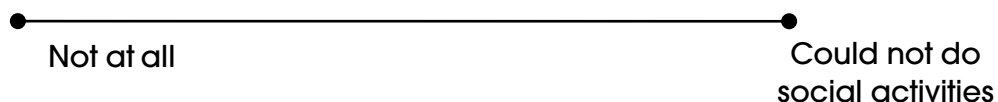
4. How much bodily pain have you had during the past 4 weeks?



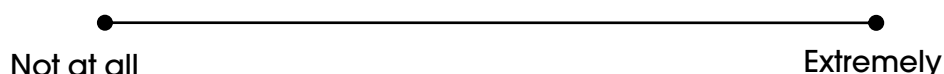
5. During the past 4 weeks, how much energy did you have?



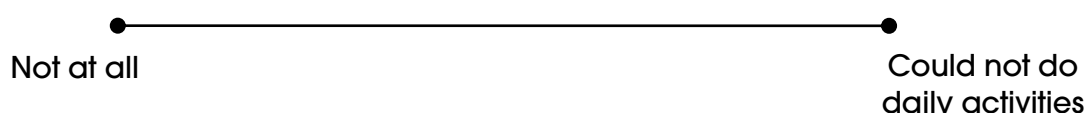
6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?



7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?



8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?



Patient Consent Form



Patient Name _____ **Date of birth** _____ **Case No.** _____

I hereby give my consent to be examined by the chiropractor and for a record of the examination, and any treatment given to be kept at healthy for life chiropractic bournemouth.

Signed _____ **Date** _____

I hereby give my consent for the release of my chiropractic records to my General Practitioner, or other health care professional, in the event that this is deemed necessary by the chiropractor

Signed _____ **Date** _____

I consent to receive information on special offers and promotions at the clinic and periodic newsletters by email. I understand that my contact details will not be shared with anyone else for these purposes.

Signed _____ **Date** _____

The benefits and possible risks involved in chiropractic treatment have been explained to me and I hereby give consent to treatment by the chiropractors at healthy for life chiropractic bournemouth.

Signed _____ **Date** _____