

The Brooklin Natural Health Centre

2 Princess St. Brooklin, ON L1M 1B1

905-655-0752

Dr. Sean Perry, BSc. (KIN), DC

Dr. Andrew Brubacher, BSc. (KIN), DC

Dr. Amanda Willson, BSc. DC

Dr. Mark Poray, BA(PE), DC

Name: _____ Tel. # _____ Cell # _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Would you like e-mail reminders for appointments Y N

Age: _____ D.O.B.: _____ M or F Occupation: _____

Reason for visit: _____ Referred By: _____

Family Dr: _____ Last Physical: _____

Have you ever been treated by a Chiropractor? Yes No

Chiropractor's Name: _____ Date of last treatment: _____

Please review the following list and check the boxes that apply to your health history:

Past Present General

- Allergies
- Chills
- Convulsions
- Dizziness
- Fevers
- Headaches
- Loss of sleep
- Nervousness
- Depression
- Neuralgia
- Weight loss
- Weight gain
- Tremors

Muscles & Joint

- Arthritis
- Bursitis
- Foot pain
- Hernia
- Low back pain
- Neck pain
- Neck stiffness
- Shoulder pain

Respiratory

- Chest pain
- Chronic cough
- Difficulty breathing
- Spitting blood
- Throat phlegm

Ear/Nose/Throat

- Colds
- Impaired hearing
- Asthma
- Ear aches
- Ear discharges
- Ringing in ears
- Sinus infections
- Enlarged glands
- Enlarged thyroid
- Sore throats
- Tonsillitis
- Gum trouble
- Hoarseness
- Nasal obstruction
- Nose bleeds

Cardio-Vascular

- Rapid heart beat
- Slow heart beat
- Ankle swelling
- Atherosclerosis
- High blood pressure
- Low blood pressure
- Poor circulation
- Pain over heart

Gastro-Intestinal

- Excessive hunger
- Excessive gas
- Liver trouble

- Colitis
- Irritable bowel
- Constipation
- Diarrhea
- Poor digestion
- Distended abdomen
- Stomach pain
- Gall bladder trouble
- Hemorrhoids
- Intestinal worms
- Jaundice
- Poor appetite
- Nausea
- Vomiting
- Vomit blood

Skin

- Boils
- Bruise easily
- Dryness
- Hives
- Itching
- Skin rash
- Varicose veins

Genito-Urinary

- Bed wetting
- Blood in urine
- Frequent urination
- Loss of control
- Kidney infections

- Painful urination
- Prostate trouble
- Pus in urine

Pain/Numbness in

- Shoulders
- Arms
- Hands
- Hips
- Buttock
- Legs
- Knees
- Ankles
- Feet
- Painful tailbone
- Sciatica
- Swollen joints

For Women Only

- Cramps
- Heavy flow
- Light flow
- Irregular cycle
- Painful cycle
- Discharge
- Sore breasts

Menopausal Yes No

Date of last

Menstruation _____

Pregnant Yes No

Due Date _____

Do you smoke? Yes No _____ packs per day _____ years

Do you consume alcohol? Yes No _____ drinks per day _____ week

Do you exercise? Yes No Activity/Frequency _____

Rate your sleep: Hours per night? 4-6 6-8 8-10 12+

Do you wake rested? Yes No

Rate your appetite: Poor Fair Medium Good Excellent

Rate your diet: Poor Fair Medium Good Excellent

Do you eat regularly? Breakfast Lunch Dinner

Do you eat per day: 1 meal 2 meals 3 meals 4 meals

Date of last Dental examination? _____

Please list any falls and accidents _____

Please list any Surgeries and Operations _____

Please list any Surgeries that have been recommended but not yet performed _____

Do you take vitamins and Minerals? Yes- Please list No

Have you ever been knocked unconscious? Yes No Don't know

If so, how many times, and for how long per time? _____

List any medications or drugs you are currently taking _____

Have you previously been hospitalized? Yes- Please list No

Any family history of health conditions or problems? Yes- Please list No

Signature: _____ Date: _____

