

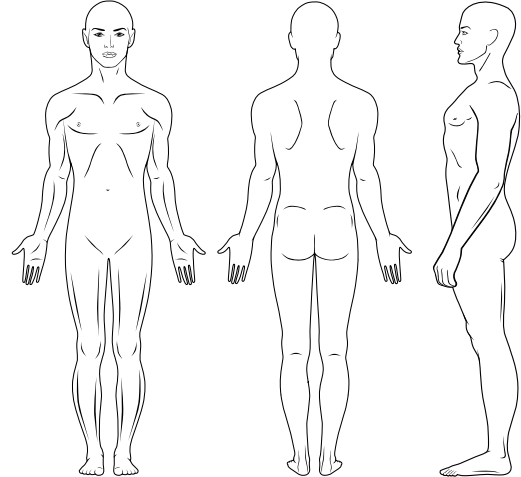
Doctor:

Patient # Downtown: _____ /Kanata _____

Confidential Patient Case History

In the diagrams provided, please mark the areas of your body that you feel best represent the discomfort(s) or sensation(s) you are experiencing. Use the symbols provided below.

Numbness: / / / /
 Burning: x x x
 Dull and aching: + + +
 Pins and needles: * * *
 Sharp and stabbing = = =
 Stiff and tight 2 2 2



GENERAL INFORMATION

Date: _____ Name: _____ Children: Yes No

How would you like to be addressed? _____ Date of birth: / / Age: _____ Gender: _____
D M Y

Address: _____ City: _____ Postal code: _____

Home phone: () - Business phone: () - Ext.: _____

Cellular/Other: () - E-mail: _____

Preferred phone number: _____ Occupation or profession: _____

Employed by: _____

Name of medical doctor: _____ OHIP # _____

What is your major complaint for which you are seeking treatment today? _____

EXTENDED COVERAGE: Many of the services offered at the Ottawa Health Group are covered under your Extended Health Benefits. Some insurance providers require a referral from your medical doctor for you to be reimbursed. For information relating to your specific coverage please contact your individual provider.

HEALTH ATTITUDES: Your attitude about your health is as important to us as the specific reason you've consulted our office. Below are four prevalent health attitudes. Please mark the one that most closely reflects your personal values.

- Treatment Only:** I only consult a doctor when I have an ache or pain and discontinue care as soon as it has cleared up.
- Prevention:** In addition to symptomatic treatment, I consult specialists occasionally to prevent problems from recurring.
- Maintaining Health:** I'm conscious about my health, diet, exercise, etc. and actively pursue these, because I feel better and it maximizes my potential.
- Family Health:** I take an active part in assisting, informing, and maintaining health, with my family, and I'm concerned with long term effects of good health.

Thank you. We look forward to a healthy relationship with you!

OFFICE USE ONLY:

Fee / Category: _____ Referral source: _____

Previous chiropractic care? Yes No

