

# Adult Consultation History

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Middle Initial)

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Day / Month / Year)

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

Spouse's Name \_\_\_\_\_ Extended Health Care Co: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If can be reached there)

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Your Main Complaint: \_\_\_\_\_

Any other Complaints: \_\_\_\_\_

How long have you suffered with this problem? \_\_\_\_\_

What have you tried to do to get rid of this problem that **DID NOT** work? \_\_\_\_\_

When your problem is at its worst, how does it make you feel? \_\_\_\_\_

How does this problem interfere with the following areas of your life?

WORK: \_\_\_\_\_

FAMILY: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

LIFE: \_\_\_\_\_

What do you do that makes this problem worse? \_\_\_\_\_

What gives you some temporary relief? \_\_\_\_\_

What is the pattern of this problem? Constant \_\_\_\_, Intermittent \_\_\_\_, Occasional \_\_\_\_, Cyclic \_\_\_\_

How did it start? \_\_\_\_\_

Are you on any type of medication? \_\_\_\_\_, Please list all: \_\_\_\_\_

Could your problem have been caused by an injury at work? \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Employer: \_\_\_\_\_

Have you been involved in an auto accident? \_\_\_\_\_

Date of accident: \_\_\_\_\_ Any difficulties from this? \_\_\_\_\_

Is there any other information you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**On a scale of 1 to 10, with 10 being the highest, rate your commitment in helping us solve this problem: \_\_\_\_\_**

I know that the office has a Privacy Code, and I can ask to see the Code at any time. I agree that Fairway Chiropractic Centre can collect, use and disclose personal information about me as set out in the office's privacy policies.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank You!**

**Fairway Chiropractic Centre  
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