SpineWise

□ Dr Amit Sharda □ Dr Shruti Sharma

161 King Street East, Bowmanville, ON L1C 1N9 905.623.8388

Practice Member Registration Form

Name:_____ **Date:**_____

Home Phone:_____**Work:**_____**Cell Phone:**_____

Home Address:_____**(City)**_____**(PostalCode)**_____

Gender □ **Male** □ **Female** **Age:**_____ **DOB:**_____

Occupation:_____ **Email:**_____

Medical Doctor:_____ **Do you wish to receive the clinic newsletter Y/N**

Who may we thank for referring you?_____ **Do you have EHC? Y/N**

EMERGENCY CONTACT:

Name:_____**Relationship:**_____**Phone:**_____

Present Complaint

Is this a work related injury Yes ___ No___ Auto Accident Yes___ No___

What is your presenting complaint and where do you feel the problem?

_____

_____

When did this start?_____ How did it start?_____

Have you had a similar condition before Yes___ No___ What aggravates this condition?_____

How bad is your pain/ache? (Circle One) 0 1 2 3 4 5 6 7 8 9 10 (0 - no pain & 10- most pain)

How frequent is your problem? ___Constant ___Frequent ___Occasional ___Comes and Goes

Is this condition interfering with your: ___work ___sleep ___daily routine ___other_____

List previous diagnoses and treatments you have received for this present condition:_____

List of medications you are presently taking:_____

Below is a list of diseases that may seem unrelated to the purpose of your chiropractic visit. However, these questions must be answered carefully as these problems can affect your overall course of chiropractic care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD;

□ Pneumonia	□ Mumps	□ Influenza	INTAKE
□ Rheumatic Fever	□ Small Pox	□ Pleurisy	□ Coffee
□ Polio	□ Chicken Pox	□ Arthritis	□ Tea
□ Tuberculosis	□ Diabetes	□ Epilepsy	□ Alcohol
□ Whooping Cough	□ Cancer	□ Mental Disorder	□Cigarettes
□ Anaemia	□ Heart Disease	□ Lumbago	□ White Sugar
□ Measles	□ Thyroid	□ Eczema	

CHECK ANY OF THE FOLLOWING SYMPTOMS THAT YOU HAVE EXPERIENCED IN THE LAST 6 MONTHS:

□ Low Back Pain	□ Gas/Bloating after meals	□Prostate Sexual Disorder
□ Pain between Shoulders	□ Heartburn	□ Headaches
□ Neck Pain	□ Black/Bloody Stool	□ Arm Pain
□ Joint Pain/Stiffness	□ Colitis	□ Walking Problems
□ Clicking Jaw	□ General Stiffness	□Other

GENITO-URINARY	GENERAL	EENT
□ Bladder Trouble	□ Fatigue	□ Vision Problems
□ Painful/Excessive Urination	□ Allergies	□ Dental Problems
□ Discoloured Urine	□ Loss of Sleep	□ Sore Throat
	□ Fever	□ Earaches
		□ Hearing Difficulty
		□ Stuffed Nose

NERVOUS SYSTEM	C V R	GASTROINTESTINAL
□Nervous	□ Chest Pain	□ Poor/Excessive Appetite
□ Numbness	□ Shortness of Breath	□ Excessive Thirst
□ Paralysis	□ High/Low Blood Pressure	□ Frequent Nausea
□ Dizziness	□ Irregular Heart Beat	□ Vomiting
□ Forgetfulness	□ Lung Problems	□ Diarrhea
□ Confusion/Depression	□ Varicose Veins	□ Constipation
□ Fainting	□ Ankle Swelling	□ Hemorrhoids
□ Convulsions	□ Stroke	□ Liver Problems
□ Cold/Tingling Extremities	□ High Cholesterol	□ Gall Bladder Problems
□ Stress		□ Weight Problems
		□ Abdominal Cramps

FEMALES ONLY: □ Pregnant (Due Date:_____) □ Gynecological conditions, What?_____

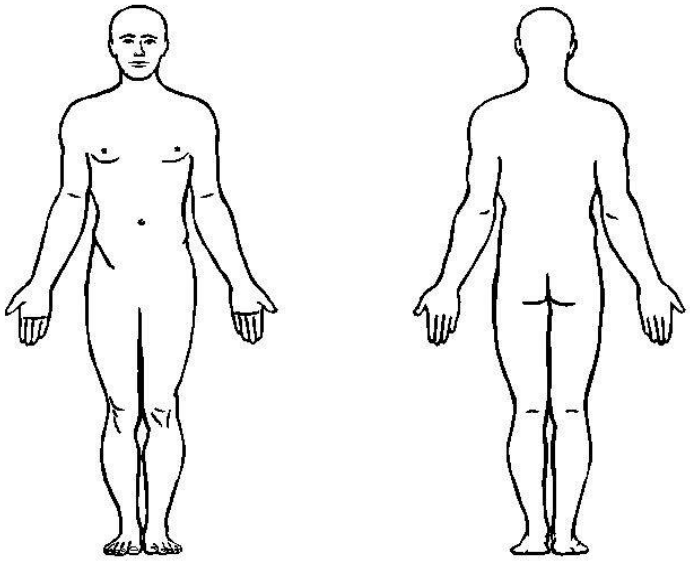
Last Physical Exam?_____ Results:_____

List all past surgeries:_____

Please List all medications (including vitamin/herb/supplements) you are currently taking:

_____
_____
_____

Mark and "X" on the picture where you have pain or numbness or tingling:



I have read the above information and have stated all my previous medical conditions. I take it upon myself to update the Chiropractor regarding any changes in my condition. I understand that all chiropractic treatments will be discussed and planned with the Chiropractor, and will require my informed consent.

Furthermore, I authorize that the Chiropractors providing care at SpineWise have full access to my client file.

Client Signature:_____ Date:_____

Spinewise will never sell, trade, exchange or otherwise share your personal information with any other third party organization. Privacy is of paramount importance to us. The information your provide us including your name, address, phone numbers, email address, and credit card information is used to process your order, to answer your questions, and to send you periodic mailings about our services or upcoming events.