SpineWise
Live a pain-free & healthy life. Naturally.

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□ **Dr. Amit Sharda** □ **Dr. Shruti Sharma** □ **Dr. Ryan Parr**

CHIROPRACTIC REGISTRATION FORM

Name:_____Date:_____

Phone:_____ Email:_____ Gender: M___F___U_____

Home Address:_____ City:_____ Postal Code:_____

Occupation:_____ Birthdate:_____ Extended Health Care? Y / N

Do you wish to receive the clinic newsletter? Y/N Would you like reminder email/texts? Y / N

Who may we thank for referring you?_____

Medical Doctor Name:_____ Phone #:_____

Emergency Contact

Name:_____Phone:_____Relationship:_____

Present Complaint

Is this a work related injury? Y / N Auto Accident? Y / N

What was your present complaint and where do you feel the problem?_____

_____

_____

When and how did this start?_____

Have you had a similar condition before Y/N What aggravates this condition?_____

_____

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

How frequent is your pain? □ 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 condition:_____

_____

Please check the boxes below to help us understand your condition and create your care plan.

CHECK ANY OF THE FOLLOWING THAT YOU HAVE HAD/USE:

□ 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/Vapes
□ Anaemia	□ Heart Disease	□ Lumbago	□ White Sugar
□ Measles	□ Thyroid	□ Eczema	□ Other

CHECK ANY OF THE FOLLOWING SYMPTOMS 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	□ Bladder Problems
□ Fatigue	□ Allergies	□ Painful/Excessive Urination
□ Discoloured Urine	□ Loss of Sleep	□ Fever
□ Vision Problems	□ Dental Problems/TMJ	□ Sore Throat/Cough
□ Earaches	□ Hearing difficulty	□ Stuffed/Runny nose
□ Nervous/Anxiety	□ Numbness	□ Paralysis
□ Dizziness	□ Memory Problems	□ Confusion/Depression
□ Fainting	□ Convulsions	□Cold/Tingling Extremities
□ Stress	□ Chest Pain	□ Shortness of Breath
□ High/Low Blood Pressure	□ Irregular Heart Beat	□ Lung Problems
□ Varicose Veins	□ Ankle Swelling	□ Stroke
□ High Cholesterol	□ Poor/Excessive Appetite	□ Excessive Thirst
□ Frequent Nausea/Vomiting	□ Diarrhea	□ Constipation
□ Hemorrhoids	□ Liver Problems	□ Gall Bladder Problems
□ Weight Problems	□ Abdominal Cramps	□ Other

WHAT SERVICES ARE YOU INTERESTED IN?

□ Chiropractic	□ Foot Orthotics	□ Acupuncture	□ Laser Therapy
□ Spinal Decompression	□ Physiotherapy	□ Massage Therapy	□ Kinesio-Taping
□ Chiropodist	□ Naturopathy	□ Nutritionist	□ Psychotherapy

WHAT PRODUCTS ARE YOU INTESRESTED IN (MOST COVERED THROUGH INSURANCE)?

□ Orthotics	□ TENS Unit	□ Compression Stockings
□ Braces (back, knee, wrist, etc)	□ Supplements / Vitamins	□ Orthopaedic Pillow

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

Last Physical Exam? _____ Results: _____

List all past surgeries: _____

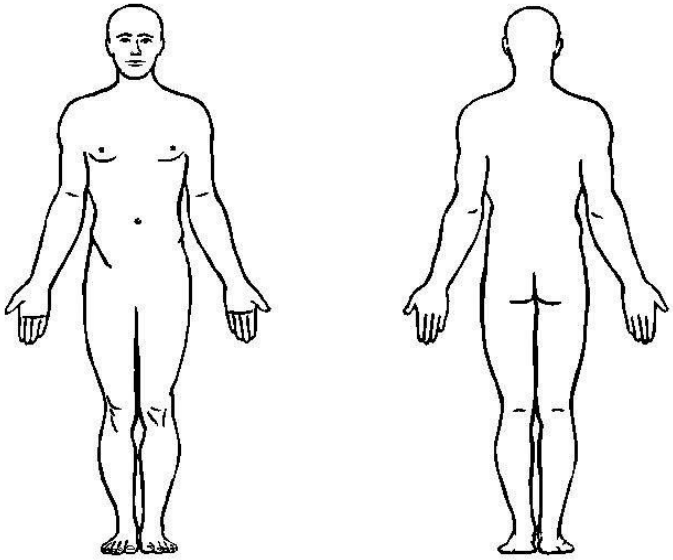
Please List all medications (including vitamin/herb/supplements) you are currently taking:

_____

_____

_____

Mark and "X" on the picture where you have a 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 a Chiropractor, and will require my informed consent.

Furthermore, I authorize that any of the Chiropractors/Therapists 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 you 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.