



Welcome to BodyWise Chiropractic. Please take the next few minutes to complete this form to provide important information so we can help you get the most from your Chiropractic care.

First name(s): _____ Surname: _____

Male / Female / Other _____ Medicare Number: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Spouse's Name _____ Occupation _____

Number of Children and Ages _____

How many hours per day at work/daily routine do you spend sitting? _____ Standing? _____

How did you find out about us: Facebook / Internet / Walk-in / BNI Group / Other: _____

Why have you come to see us?

If you have no symptoms or complaints and are here for Wellness Services, please skip to "Vital Health Profile".

Table with 6 columns: Please list your health concerns according to their severity, Rate the severity (1 = mild, 10 = excruciating), When did this episode start?, If you had this condition before, when?, Did the problem begin with an injury?, % of time pain is present. Rows 1-4.

Vital Health Profile

Please mark the following conditions you have experienced in the past with [X] or have now with [checkmark]

- Neck pain, Allergies, Depression, Sleeping difficulties, Visual disturbances, High Blood pressure, Ear infections, Eczema, Urinary tract, Currently Pregnant (weeks): _____, Headaches/Migraines, Numbness, Anxiety, Mid back pain, Recurrent colds/flu, Chest pains, Cancer, Incontinence, Learning difficulties, Infertility, Low energy, Sinus Problems, Ringing in the ears, Breathing problems, Heart attack, Digestive problems, Diabetes, Multiple sclerosis, Prostate, Dizziness, Thyroid problems, Epilepsy, Asthma, Heart disease, Low back pain, Arthritis, Stroke, Menopausal problems, Impotence

Other: _____

The above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

(Guardian Name if under 18 years of age) _____