



Erin Mills Optimum Health

3105 Glen Erin Dr. #5
Mississauga, Ontario L5L 1J3
(905)828-2014 Fax (905)828-8822

Health Questionnaire

Name: _____ M__F__ Date: _____
Address: _____
City: _____ Postal Code: _____
Date of Birth: ____/____/____ Status: S M W
 day month year
Telephone: Home: _____ Work: _____ Cell: _____
E-mail address: _____
Name of Spouse: _____ Number of Children: _____ Ages _____
Occupation: _____
Who referred you to our office? _____
Have you been to another Chiropractor? yes _____ no _____
If yes, what is the Doctor's name? _____ When: _____

1 a: Is this a wellness check-up or do you have a specific health concern?

b: Describe your major complaint:

c: How long has this been going on? Days: _____ Months: _____ Years: _____

d: Is the condition interfering with-- Work?____ Sleep?____ Hobbies?____

e: Have you consulted anyone else for this condition?

f: What kind of treatments or therapies have you tried to get rid of this problem?

g: Other symptoms you have experienced in the last 6 months:

Headaches	Pins & needles in leg	Fainting
Neck pain	Pins & needles arm	Loss of smell
Sleeping problems	Numbness in toes	Loss of taste
Back pain	Shortness of breath	Diarrhea
Nervousness	Fatigue	Cold feet
Tension	Depression	Cold hands
Irritability	Constipation	Upset stomach
Chest pain	Cold sweats	Dizziness
Loss of memory	Fever	Ear ringing
Loss of balance		

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Many spinal problems can date back to childhood injuries and even the birth process itself.

1. Growth & Development (Please fill out to the best of your knowledge)

Difficult delivery at birth? _____
Childhood sicknesses? _____
Accidents? _____
Surgery? _____
Drugs? _____
Any falls? _____
Did you have other traumas? What? When? _____

2. Current Health Habits

Did / do you smoke? _____
Did/ do you drink alcohol? _____
Diet (do you eat healthy foods) _____
Have you been involved in any car accidents? When? _____

Have you had surgery or organs removed/replaced? _____

Drugs? (prescribed or non-prescription) _____

Teeth problems? _____
Eye problems? _____
Hearing problems? _____
Physical exercise? _____
Sleep well? _____
Sleep position? Side _____ Back _____ Stomach _____
Did/ do you have occupational stress? _____
Physical stress? _____
Mental stress? _____
Sports injuries? _____

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The purpose of our Chiropractic Office is to support and empower you in achieving your optimum health

Chiropractors locate, analyze and correct *subluxations* (spinal misalignments which cause nerve interference).

Chiropractic improves the nerve supply to your entire body and allows the *Innate Healing Power of your Body* to work at maximum efficiency to restore, maintain and promote health.

Chiropractic care is considered to be one of the *safest and most effective* forms of health care. As in all health care, however, there are some very slight and minimal risks to chiropractic care, including but not limited to, minor muscle strains and sprains, disc injuries and strokes. Tests will be performed on you to minimize this risk and the appropriate chiropractic adjusting techniques will be applied.

The doctors and/or staff will always be available to answer questions and discuss the nature and purpose of chiropractic procedures. Results cannot be guaranteed, as every person is unique.

Consent for Personal Information

I agree to Erin Mills Optimum Health collecting and using personal information about me as set out in their Privacy Policy which I have an opportunity to review at any time.

We will gladly assist you in understanding your insurance coverage, but you agree that you are responsible for your account.

I have read the above and consent to care at the Erin Mills Optimum Health.

Date

Patient's Name

Patient's Signature