Erin Mills
Optimum Health

3105 Glen Erin Drive, Suite 5
Mississauga, ON L5L 1J3
Phone: (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: _____ Cell: _____ Business:_____
E-mail address: _____
Occupation: _____
Name of Spouse: _____ Number of Children: _____Ages_____
Who referred you to our office? _____
Have you been to another Chiropractor? yes _____ no _____
If yes, what is the Doctor's name? _____ When: _____

About Your Health

"The beauty about Chiropractic is the fact that it works with natural means. It puts nothing new into the body, nor does it take away any natural gland or organ. Chiropractic simply releases life forces within the body, sets free ribulets of energy over nerves, and lets nature do her work in a normal matter." B.J. Palmer

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	Numbness in fingers	Shortness of breath
Nervousness	Fatigue	Diarrhea
Tension	Depression	Cold feet
Irritability	Constipation	Cold hands
Chest pain	Cold sweats	Upset stomach
Loss of memory	Fever	Dizziness
Loss of balance		Ear ringing

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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)

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_____
Sports injuries?_____

Please Rate Your Current Stress Levels:

Occupational:	1	2	3	4	5	6	7	8	9	10
Mental:	1	2	3	4	5	6	7	8	9	10

About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care**, which corrects the most recent layer of Spinal and Neurological damage. This care usually reduces or eliminates the symptoms. Then begins **Corrective Care,** which corrects the years of damage that may have occurred. Once the spine and your health are functioning at its optimum level we provide **Wellness Care,** which maintains and further enhances your health.

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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**