

GRAY CHIROPRACTIC SPINE & JOINT CLINIC - INITIAL INTAKE FORM

Name: _____ Date: _____

Have you had any treatment for this condition? _____

Have you had previous chiropractic care? Y / N (If "yes" how long has it been since?) _____

FAMILY & PERSONAL HISTORY

Do you currently suffer from any of the following?

- Unexplained weight loss Fever or chills Difficulty Sleeping
- Pain that awakens you at night Night sweats General Tiredness/ Fatigue
- Recent changes with bladder or bowel function Recent illness or infection

Please list family members (or yourself) who have the following conditions:

Cancer:	Autoimmune Disease:
Skin Disorders:	Arthritis:
Heart Disease:	Allergies/Environmental Illness:
High Blood Pressure:	Respiratory/Environmental Illness:
Stroke:	Addictions:
Diabetes:	Liver Disease:
Thyroid Disease:	Prostate Disease:
Mental Illness:	Neurological Ds (ie. MS, Parkinsons)

List Any Hospitalizations, Surgeries, Major Accidents/injuries, X-rays, CAT Scans, MRIs, EKGs, etc:

Please list any medications you are currently taking:

HEALTH HABITS

Do you smoke? Y / N If "yes" how many years? _____ packs/day _____

Do you regularly exercise? Y / N If "yes" how often _____ times/week _____

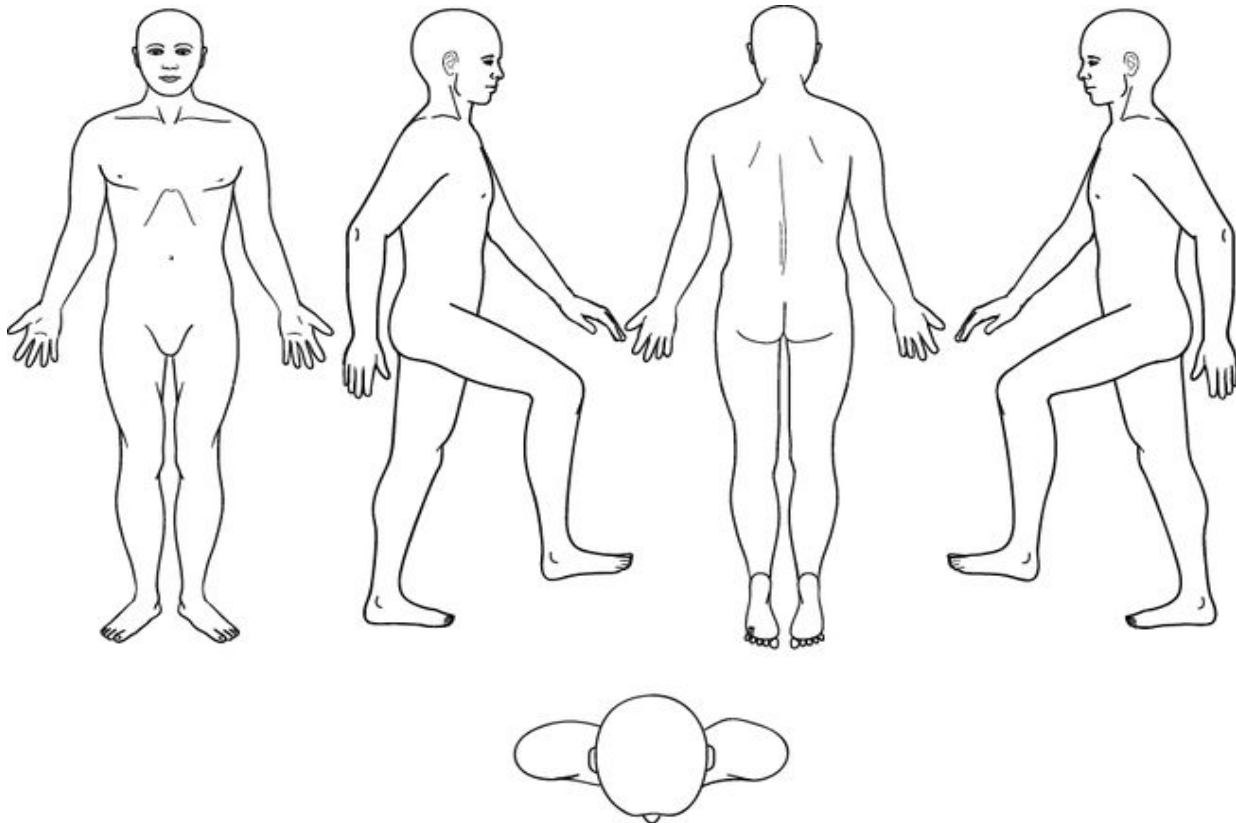
Gray Chiropractic Spine & Joint Clinic
40 Tulip Tree Common, St. Catharines, Ontario, L2S 3Y9
___ Dr. Jason Gray, DC
___ Dr. Stephanie Gray, DC

PAIN DRAWING

Name: _____ Date: _____

Please be sure to fill this out *extremely* accurately. Mark the area on your body where you feel the described sensation(s). Use the appropriate symbol(s), mark areas of radiating pain, and include all affected areas. You may draw in the face as well if it applies.

Numbness: ----- **Pins & Needles:** oooooooooo **Burning Pain** xxxxxxxxxx
Stabbing Pain: //////////////// **Aching Pain:** ((((((((((((((



VISUAL ANALOGUE SCALE

Please mark on the line the pain level that most accurately represents your pain:

	NO PAIN	0	1	2	3	4	5	6	7	8	9	10	UNBEARABLE PAIN
a) Right Now:		0	1	2	3	4	5	6	7	8	9	10	
b) Average Pain:		0	1	2	3	4	5	6	7	8	9	10	
c) At Best:		0	1	2	3	4	5	6	7	8	9	10	
d) At Worst:		0	1	2	3	4	5	6	7	8	9	10	

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Gray Chiropractic Fee Schedule

Initial Consultation:	\$90.00
MVA Initial Consultation	\$215.00
Subsequent Chiropractic Treatments:	\$60.00
Custom-Orthotics:	\$400.00

Cancellation Policy

We kindly ask that appointments are cancelled or rescheduled **24 hours in advance**. We understand that situations arise that may result in one's ability not to comply with this request. A **missed appointment fee of \$20** may be applied at the doctor's discretion after the third offence.

Updated October 18, 2016

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