General Intake Form

Patient Information:

Name: ____ Date: ________________

Cell #: ________________ Home #: _________________ Email: ______________________

Address: __________________________ City: __________________ Postal Code:__________

Gender: _______________Birthdate: ______________________________ Age: ________

Occupation: _____________________________________ Employer: ____________________

Name of Medical Doctor: ______________________ Permission to update your MD on care: Y / N

Name of emergency contact: __________________ Emergency contact #:______ ____________

Do you have extended health benefits? Y / N Name of insurance company?_________________

How did you hear about this clinic?: ____

Do you consent to our office emailing you or phoning you? Y / N

What is the Reason For Your Visit?

What is your primary complaint today? ____

How long have you had this condition? ____

How did the condition start?____

Is the condition getting: *(circle)* Worse Same Better Consistent Recurring

How would you describe the pain? *(circle)* Achy Throbbing Tingling Numbness Burning Shooting Intermittent Constant

Do you experience numbness or tingling to the arms or legs? Yes / No

Is there a time of day when your symptoms are worse? *(circle)* morning / afternoon / evening / night / after activities

Are there activities are you unable to perform due to your complaint? (i.e., work, hobbies, sleep)

____

Have you had this condition before? Yes / No

Were X-RAYS or other imaging performed? Yes / No

What aggravates your condition? ____

What relieves your condition? ____

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Have you had any treatment for this condition? ______________________________________

Have you had previous chiropractic care? Y / N (If "Yes" how long ago?) ______________

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 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 many times a week: ____________________)

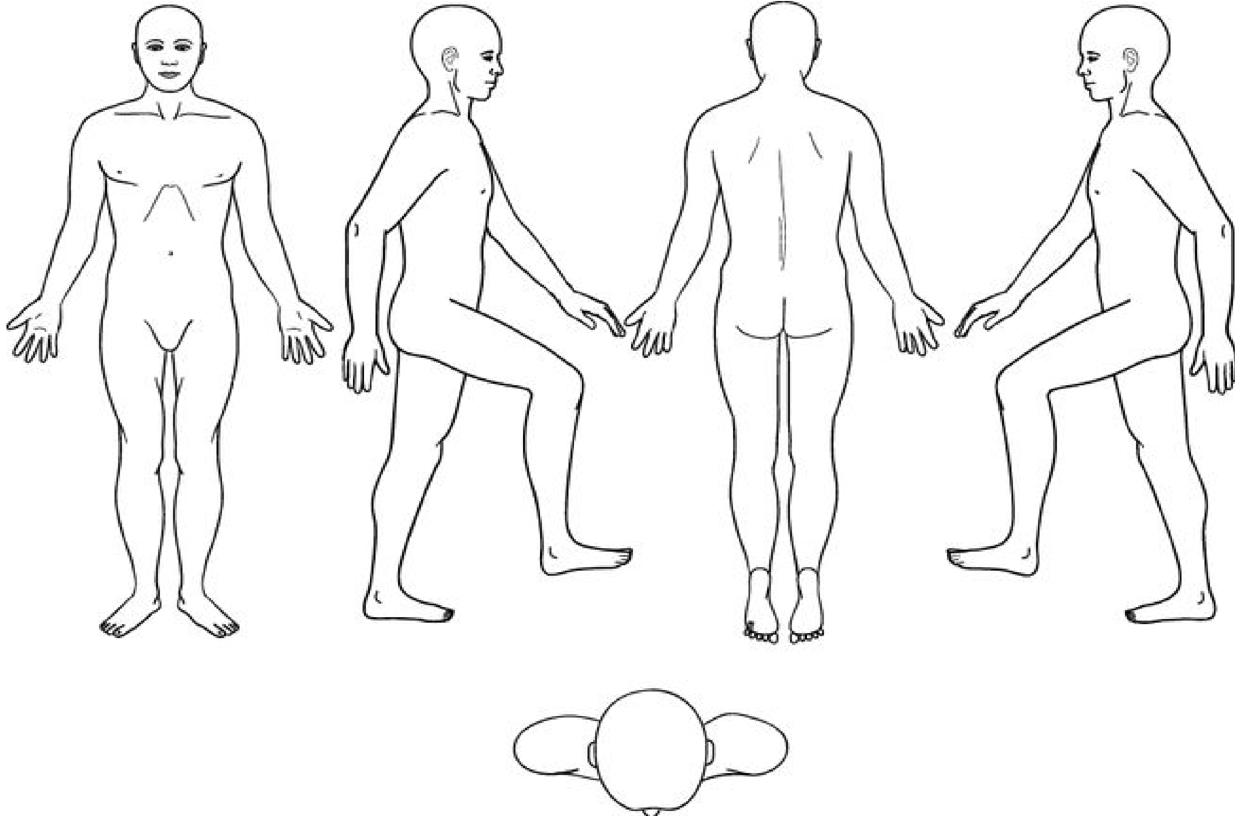
Pain Drawing:

Name: ____ Date: _______________________

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.

Numbness: --------------- **Pins & Needles: ooooooooo** **Burning Pain xxxxxxxxx**

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	

Name: ____ Date: __________________

Gray Chiropractic Fee Schedule

Initial Consultation:	$90.00
Subsequent Chiropractic Treatments:	$60.00
Re-examinations:	$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 January 24th, 2018

Gray Chiropractic Spine & Joint Clinic
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__ Dr. Jason Gray, DC
__ Dr. Stephanie Gray, DC