# **Upper Extremity 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 Emergency contact: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_ 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 Today? 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 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

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

Yes / No

Were X-RAYS or other imaging performed?

What aggravates your condition?

What relieves your condition?

# **Upper Extremity 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 of	or chills ( ) difficulty sleeping
()pain that awakens you at night ()night s	sweats ( ) general tiredness/ fatigue
( ) recent changes with bladder or bowel functi	ion ( ) 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
Stroke:	Addictions:
Diabetes:	Liver Disease:
Thyroid Disease:	Prostate Disease:
Mental Illness:	Neurological Ds (ie. MS, Parkinsons)
List any hospitalizations, surgeries, major accidents, in	juries, 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?	nacks/day
	itimes/week
,	
· · · · · · · · · · · · · · · · · · ·	Tree Common, St. Catharines, Ontario, L2S 3Y9 Dr. Stephanie Gray, DC

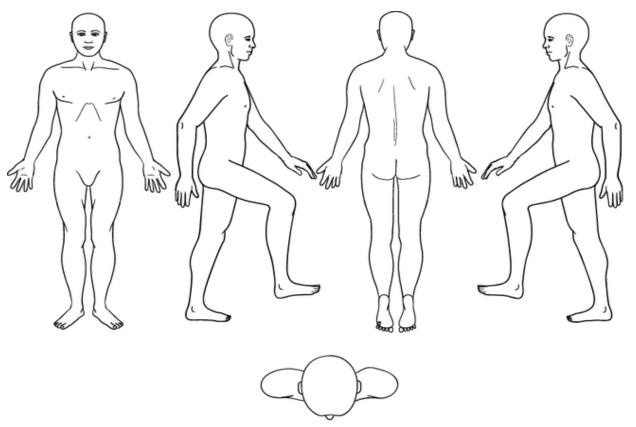
## **Upper Extremity Pain Drawing:**

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. You may draw in the face as well if it applies.

Numbness: ----- Pins & Needles: 000000000 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 PAI	N 0	1	2	3	4	5	6	7	8	9	10		UNBEA	RABLE	PAIN
a) Right Now:	0		1	2	3	}	4		5	6		7	8	9	10
b) Average Pa	ain: 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

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

Name:	Date:	

## **Gray Chiropractic Fee Schedule**

Initial Consultation: \$100.00

Re-examination: \$75.00

Subsequent Chiropractic Treatments: \$60.00

Custom-Orthotics: \$450.00

## **Cancellation Policy**

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

Updated January 2, 2023

Gray Chiropractic Spine & Joint Clinic: 40 Tulip Tree Common, St. Catharines, Ontario, L2S 3Y9

\_\_\_ Dr. Jason Gray, DC \_\_\_ Dr. Stephanie Gray, DC

Name:	Date:

#### **The Upper Extremity Functional Index (UEFI)**

Do you have any difficulty at all with the activities listed below *because of your upper limb problem* for which you are currently seeking attention today? Please Rate Your Difficulty for each and every activity from 0 to 4:

0: Extreme difficulty or unable to perform activity1: Quite a bit of difficulty2: moderate difficulty3: A little bit of difficulty4: no difficulty

#	Activity	Rate				
1	Usual work, housework, or school activities	0	1	2	3	4
2	Usual hobbies, recreational / sporting activities	0	1	2	3	4
3	Lifting a bag of groceries to waist level	0	1	2	3	4
4	Lifting a bag of groceries above your head	0	1	2	3	4
5	Grooming your hair	0	1	2	3	4
6	Pushing up on your hands (eg. from chair or bathtub)	0	1	2	3	4
7	Preparing food (eg. peeling, cutting)	0	1	2	3	4
8	driving	0	1	2	3	4
9	Vacuuming, sweeping, raking	0	1	2	3	4
10	Dressing	0	1	2	3	4
11	Doing up buttons	0	1	2	3	4
12	Using tools or appliances	0	1	2	3	4
13	Opening doors	0	1	2	3	4
14	Cleaning	0	1	2	3	4
15	Tying or lacing shoes	0	1	2	3	4
16	Sleeping	0	1	2	3	4
17	Laundry (washing, folding, ironing)	0	1	2	3	4
18	Opening a jar	0	1	2	3	4
19	Throwing a ball	0	1	2	3	4
20	Carrying a small suitcase with your affected limb	0	1	2	3	4
	Column Total:		Score	e:	/	/ 80

Minimum level of detectable change (90% confidence): 9 points

Gray Chiropractic Spine & Joint Clinic: 40 Tulip Tree Common, St. Catharines, Ontario, L2S 3Y9

\_\_\_\_ Dr. Jason Gray, DC \_\_\_\_ Dr. Stephanie Gray, DC