Noble Chiropractic – New Patient Consultation Form

To enable us to provide you with the best possible health care it is necessary for you to fill in this registration form and health questionnaire as carefully as you can.
Thank you.

PERSONAL DETAILS Date:……..

Forename (s):…… Surname:…… DOB:……..

Full Address…… Age……..

…… Post code……..

Marital status **S / M /D / W** .Height…… Weight……..

Number of Children…… Age of children……

Home Tel Number:..(……..)…… Work Tel…(……)……

Mobile Tel Number…… Email address:……
(Used for correspondence via email) Yes ☐ No ☐

How did you hear about the clinic ?……..

Do you have medical insurance? YES/NO Which company?……

EMPLOYMENT DETAILS

Occupation:…… Employer:……..

Number of years in job: …… Previous occupation:……

HEALTH DETAILS

Name of GP:…… Tel number:…(……..)……

Address of GP:……

……..

Any medication being taken currently:……

Any broken bones? How and When:……

Any Road Traffic or other Accidents:……

……

Operations/hospitalisation:……
……

Last menstrual period started:……

Do you smoke?……per day Do you drink?……No. of units per wk.

Have you received any other medical treatment recently? YES / NO.

Details……

……

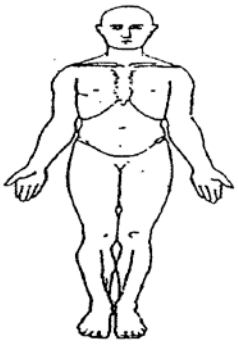
GENERAL HEALTH

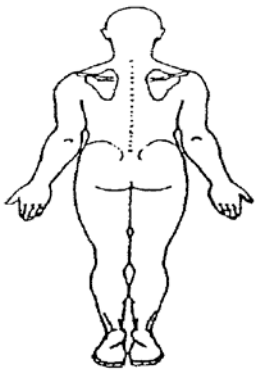
	SELF	FAMILY (RELATION)	YEAR
Liver/kidney problem			
Heart/stroke problem			
Lung/breathing problem			
Digestion problem			
Abdominal pain			
Bowel/bladder problem			
Reproductive/menstrual problem			
Circulation problem			
Diabetes			
Cancer			
Epilepsy/nervous disorders			
Depression			
Allergy & skin disorders			
Blood pressure problems			
Migraine/headaches			
Dizziness			
Tinnitus/ringing ears			
Loss of consciousness			
Eyes/Ears/Nose/Throat problems			
Arthritis/Orthopaedic problems			
Multiple Sclerosis			
Recent weight loss/gain			
Any other problems			

On a scale of 1-10 in which box would you put your pain level?
X at worst **0** at best = if both the same

No Pain	1	2	3	4	5	6	7	8	9	10	Maximum Pain

Please draw on the bodies below where your pain is and the type of pain, using the indicated shading
XXX = Burning //// = Aching ----- = Numbness 000 = Tingling
+++ = Stabbing.





Health Goals
Please select your health goals !

Pain Relief □
Correction of problem □
Ongoing Wellness □

CONSENT

During the consultation your chiropractor will need to perform various orthopaedic tests together with a physical examination of your problem and related areas, in order to establish whether we can help you or not.

Do you consent to this examination YES / NO
Do you consent to your GP being contacted YES / NO

I have received adequate information regarding my care and proposed treatment. I can confirm that to the best of my capabilities I understand this explanation and agree to both treatment and that my medical notes and other diagnostic tests will remain property of Noble Chiropractic, and will only be released to other parties with my prior agreement.

SIGNED..... DATE.....