

# INVERELL CHIROPRACTIC CENTRE

## New Patient Consent Form

Date: ..... File No: .....  
First Name: ..... Surname: .....  
Address: .....  
.....

Telephone: .....  
Home: ..... Mobile: ..... Work: .....  
Occupation: .....  
Email: .....  
Date of Birth: ..... Age: .....  
Medicare No.: ..... Expiry date: .....  
Health Fund: ..... Does it cover chiropractic?.....  
Emergency Contact Name: ..... Telephone: .....

Who is responsible for this account?.....  
Have you had chiropractic care before?..... If yes, how long ago?.....  
Previous Chiropractor: .....  
Which one of our patients suggest you come here?.....  
What is your main problem?.....  
How long have you had this problem?.....  
Have you had this problem before?.....Is the problem getting worse?.....  
What do you believe caused this problem?.....  
What treatment have you had for this problem?.....

Describe any other health problems: .....  
.....  
.....

List any surgical operations and years: .....  
.....  
.....

History of accidents and/or traumas: .....  
.....  
.....

Have you ever had any fractures or broken bones?..... If yes, please list: .....  
.....  
.....

Have you ever suffered from:  
Asthma: .....Diabetes: .....Cancer: .....Stroke: .....  
What medications are you taking?..... for .....  
..... for .....  
..... for .....  
..... for .....  
..... for .....

Any further information you think may be helpful.....  
.....  
.....