

PERSONAL AND FAMILY HEALTH HISTORY

Today's date: _____

Personal Health Number (PHN): _____

Name: _____ Marital status: S M W D
last first middle

Address _____
street city postal code

Gender M F Age _____ Date of Birth _____

Spouse _____ Children _____

Method for Appointment Reminders: Home Phone _____
Cell Phone _____
Email _____
Work Phone _____

Occupation _____ Employer _____

How did you hear of us? _____ Medical Doctor _____

When was your last adjustment? _____ By Whom? _____

Do you need printouts for Extended Health No _____ Yes _____
Are you claiming Worker's Compensation? No _____ Yes _____ Claim # _____
Are you claiming under ICBC? No _____ Yes _____ Claim # _____

Family Health: Is there a family history of: Arthritis Cancer Diabetes Strokes
 Heart Disease High Blood Pressure Other _____

Medical History: Please list any medical prescription drugs you are currently taking:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES YOUR CURRENT GOALS FOR HEALTH AND WELLBEING

I am only concerned about relief of a particular symptom

I am concerned about relief of a particular symptom, and preventing its return

I am here for preventative wellness care