



101 - 321 Coronation Ave., Duncan, B.C. V9L 2T1 Ph: 250-746-6171

General Information:

Name: _____ Occupation: _____
 Address: _____ Employer: _____
 _____ Address: _____

Phone: _____

Cell Phone: _____

Phone: _____

Date Of Birth: _____

Emergency contact:

Personal Health # _____

Phone: _____

Extended Health Care Provider: _____

Referred by: _____

Policy # _____ & I.D.# _____

Email address: _____

Is there currently a claim against:

Recent motor vehicle accident (ICBC) Yes No

Work related injury (WCB) Yes No

General Health: Excellent:___ Good :___ Fair:___ Poor:___ Height:___ Weight: ___

List any Activities, Sports, Hobbies: _____

Present medications & the condition used for: _____

Have you ever been involved in any auto accidents?: Yes:___ No:___

Past or present injuries, surgeries, etc. (date & year): _____

Please circle areas which are currently causing you discomfort:

- | | | | |
|-------------|------------|----------|--------------------|
| Face | Upper back | Arm(s) | Hand(s) |
| Thigh(s) | Ankles(s) | | |
| Neck | Mid back | Elbow(s) | Fingers(s) Knee(s) |
| | Feet | | |
| Shoulder(s) | Lower back | Wrist(s) | Hip(s) Leg(s) |
| | Toe(s) | | |
| Chest | Ribs | Tailbone | |

Please check off any of the following that pertain to you: **C**- Current, **P**-Past

- | | | |
|-------------------|-----------------|-----------------|
| ___Allergies | ___Diabetes | ___Inflammation |
| ___Skin problems | | |
| ___Aching joints | ___Dizziness | ___Jaw problems |
| ___Stroke | | |
| ___Anxiety | ___Ear problems | ___Low BP |
| ___Swollen joints | | |

I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Signature: _____ **Date:** _____

