



# PATIENT HISTORY REPORT

(Please Print)  
CONFIDENTIAL

Date: .....  
ID#.....

Your Full Name: ..... Your birthdate: ...../...../.....  
 Address: ..... Phone (H): (.....).....  
 ..... Postcode: ..... Phone (W):(.....).....  
 Postal address:.....  
 Mobile:..... Email:.....

**What are you expecting from your first visit today?** .....

Do you have a **pension card**? Yes / No

Does your **private health insurance** cover chiropractic? Yes / No

Name of Private Health Insurance provider .....

Have you had **previous chiropractic care**? Yes / No  
 If Yes – My previous Chiropractic Care was by DR. .... at.....  
 My last Chiropractic Adjustment was on ...../...../.....

I would like help for .....

Other problems I am concerned with .....

Car accident(s) When? Injuries? .....

Other personal injuries When? Injuries? .....

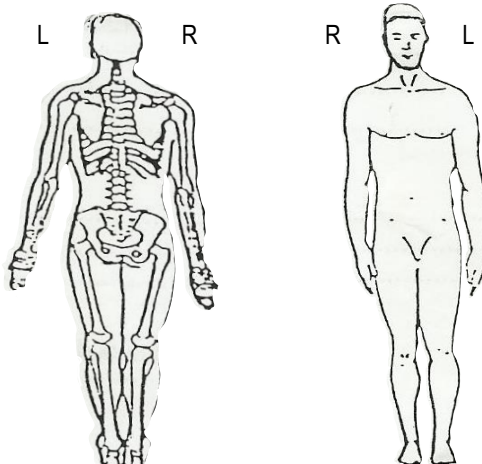
Exercise programs / sporting activities .....

Do you wear any supports? Back / Foot etc .....

Operations? .....

Drugs / medicines / vitamins – Type / Dosage etc? .....

Please mark the affected areas by circling / marking them in red.



I understand that no accounts are rendered by Farmer Chiropractic and my payment at the time of my first visit will be  
 Cash  Cheque  Credit Card  Eftpos

I have been recommended to this clinic by DR / MR / MRS .....  
 Family     Friend     Sign     Website     Telephone Directory

Your hobbies / interests: .....  
.....  
.....

PLEASE TICK APPRO. BOX

- Married
- Single
- Widow/er
- Divorced
- Defacto

Your type of work: .....

Your employer: .....

Employment address: .....

**is this a worker's compensation case?** .....

No. of Children: .....

Your Height: ..... Your Weight: .....

Emergency Contact: Name.....

Phone .....

**To help us better understand your health goals:**

What is your ultimate health goal by attending this Chiropractic Clinic?

.....  
.....  
.....  
.....  
.....

Signature: .....

Thank you for completing this form. We look forward to working with you to see you enjoy your life and reach your health goals.