FARMER CHIROPRACTIC
Enjoy Your Life. Live Well

PATIENT HISTORY REPORT

(Please Print)

Date: ……/……/……..
Patient ID #.....

Medicare Card No:
……/…….
Expiry: ……/……./……..

Your Full Name: ……..…… Birthdate…… /……/……..
Address: ……
…….. Postcode: ……..…
Phone (W)…… Phone (H)……(M) ……
Postal address: .....
Email…… Your Height: …… Your Weight: ……

What are you expecting from your first visit today?
……
……

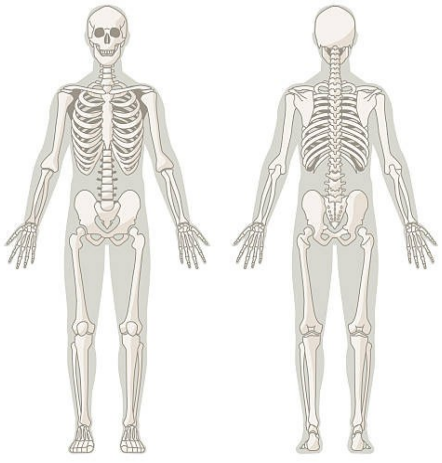
Do you have a **pension card**? Yes / No

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 **Yes/No**……
……
Operations?
……
……
……

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



L R R L

Allergies Yes / No
……

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

To help us better understand your health goals:

What would you like to achieve by attending this Chiropractic Clinic?
……
……
……

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

WORK DETAILS

Your type of work: ……
Your employer……
Employment address: ……
is this a worker's compensation case? Y / N
……

No. of Children: ……

Emergency Contact: Name……Phone ……

Name:……

Signature: ……

I give consent for my treating health professional and/or health providers to disclose any relevant information about my medical conditions and personal information to Farmer Chiropractic and for Farmer Chiropractic to release any of the above mentioned relevant to supporting my care and obtaining payment from any third-party payee. (Please read our privacy statement).

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