

Vital Information
West Edmonton Family Chiropractic Centre

Charging towards optimal health!

Date _____

Name _____ AHC _____

Address _____ City/Town _____

Postal code _____ E-Mail address _____

Date of Birth _____

Home Ph _____ Business Ph _____

Cell Ph _____

Marital Status: Married Domestic Partner Single Widowed Divorced

Name of Spouse/Partner _____ Do you have children? Yes No

of children _____ Children living at home? Yes No

Reason for seeking services at West Edmonton Family Chiropractic? _____

Whom may we thank for referring you to West Edmonton Family Chiropractic? _____

Is there anything about your Nerve System and Spine we should know about? (surgeries, accidents, etc.) _____

Have you been under chiropractic care in the past? Yes No If yes, with whom?

What is your level of commitment to yourself, your life and well-being?

High Medium Low

Additional Comments: _____

Lifestyle History

Briefly describe your nutrition (breakfast lunch and dinner): _____

What is your daily fluid intake? Type and Amount _____

What is your average sleep & rest per day? _____

Do you exercise? Yes No What do you do and how often? _____

How is your family relationship? (i.e. good, stressful, none, etc.)

Rank your satisfaction with work. Low 1 2 3 4 5 6 7 8 9 10 High

What type of work do you do? _____

How often do you vacation? _____

Do you use recreational drugs or over the counter medication? If yes, please list: _____

What are your play & relaxation activities? _____

Do you have any other health related concerns/issues? _____

Any previous diagnosis? _____

Signature _____