



Health History Intake Form

| |
|-----------------|
| Update 1: _____ |
| Update 2: _____ |
| Update 3: _____ |

Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Phone# (H) _____ (W)/ (C) _____

Occupation _____ Email _____

Would you like receive updates and health info by email?

Date of Birth (d) ____ (m) ____ (y) ____ Age ____ Height ____ Weight ____

How did you hear about Better Health Clinic? _____

Name of Family Doctor _____ Address: _____

Presenting Complaints: _____

Have you received treatment for problem from:

Medical Doctor Massage Therapist Osteopath Chiropractor Physiotherapy

Other Health Care Provider _____

Are you currently taking any medication? Yes No If so please list:

Patient History

Date and Description

Medical Imaging (x-rays, ultrasound, CT, MRI) _____

Any surgeries _____

Hospitalizations _____

Motor vehicle accidents _____

Head trauma/ Concussions _____

Fractures or Dislocations _____

Other traumatic falls or injuries _____



Please check the following boxes that may apply to you. Check “C” for conditions you are currently experiencing and “P” for conditions you have previously experienced.

General

C P

- Allergy _____
- Anxiety
- Depression
- Dizziness
- Fainting
- Fatigue
- Headaches
- Loss of sleep
- Loss of weight
- Migraines
- Tremors

Muscle And joint

C P

- Arthritis
 - Bursitis
 - Hernia
 - Back pain
 - Sciatica
 - Weakness
- Pain / Numbness
- Shoulders
 - Arms/ hands
 - Elbows
 - Hips
 - Knees
 - Legs
 - Feet
 - TMJ/ Jaw
 - Surgical Implants
(pins, wires, plates, artificial joints)

Skin

C P

- Skin condition/ rash
- _____

Digestive

C P

- Blood in stool
- Chron's/Colitis
- Constipation
- Diabetes
- Difficulty Digestion
- Diarrhoea
- Gall bladder trouble
- Heart burn
- Liver troubles
- Nausea
- Ulcers

Eye/Ear/Nose/Throat

C P

- Earache
- Ear Ringing/ buzzing
- Eye Pain
- Deafness
- Hay Fever
- Sinusitis
- Tonsillitis
- Vision Problems

Cardiovascular

C P

- Aneurysm
- Hardening of arteries
- Heart attack
- Heart disease
- High blood pressure
- Low blood pressure
- Pacemaker
- Poor circulation
- Stroke
- Swelling of ankles
- Varicose veins

Respiratory

C P

- Asthma
- Bronchitis
- Chest pain
- Chronic cough
- Difficulty breathing
- Emphysema
- Spitting up blood
- Spitting up phlegm
- Smoker
- Wheezing

Genito-Urinary

C P

- Blood in urine
- Frequent urination
- Inability to control
- Painful urination
- Prostate trouble
- Urinary infection
- Kidney stones

Female

C P

- Excessive flow
- Menopausal
- Painful periods
- Pregnancy
- Gynaecological condition _____

Other Conditions

C P

- Osteoporosis
- Fibromyalgia
- Cancer
- AIDS/HIV
- Other health condition not listed _____