Bow Valley Chiropractic
Chiropractic intake

email: admin@bowvalleychiro.com
Ph: 403.262.2211

Name:_____ Date: _____/_____/_____
MM DD YYYY

Phone: Home: (_____)_____-_____ Work: (_____)_____-_____ Mobile: (_____)_____-_____

Address:_____ City:_____ Postal Code:_____

E-mail Address:_____(optional & only for apt. reminders)

Occupation:_____ AB Health Care#:_____

Weight:_____ Height:_____ How did you hear about our clinic:_____

Birthdate: _____/_____/_____ Marital Status:_____ Children: Yes/No Ages:_____
DD MM YYYY

Medical Doctor & Clinic:_____ Last Visit:_____ Extended Health Benefits: Y/N

Previous Chiropractor:_____ Last Visit:_____

Any medications/surgeries: Y/N If Yes, What?_____

Is this visit a result of a workplace injury : Y/N If YES, what? _____

Auto Accidents/other accidents/broken bones (dates): _____

Location:

How/When:

Type:

Radiation:

Progression:

Worse:

Relief:

Lifestyle:

Past History:

Family History: