



northwestWELLNESScentre

Last Name:		First Name:		Gender: M / F	
Address:		City, Province:		Postal Code:	
Phone (Home) ()		Phone (Work) ()		Phone (Cell) ()	
Alberta Health Care #			Third Party Insurance #		
Reminders: Text Message / Email			Cell Phone Provider (Telus, Rogers, Bell etc.): Email:		
DOB (d/m/yyyy):	Age:	Height:		Weight:	
Occupation:			Marital Status: Single Married Widowed Divorced Common Law		
Emergency Contact Name:			Emergency Contact Phone ()		

Please check all answers and fill in the blanks where appropriate.

Reason(s) for appointment: _____

When did your condition begin? _____

Have you ever had similar problems? Yes No

Have you had X-rays, MRI, or other tests for this condition? Yes No which tests, when? _____

How did you hear about us? _____

Is this a work related injury? Yes No Has your employer been notified? Yes No

Is this a Motor Vehicle Accident (MVA)? Yes No On what date did the accident occur? _____

Can you perform daily home activities? Yes Yes, but only with help Not at all

Can you perform your daily work activities? All activities Only some activities Not at all

Describe your stress level None Mild Moderate High

Do you exercise? Daily Occasionally Not at all

What kinds of exercise do you do? _____

List all previous surgeries, illnesses, injuries (including MVA): _____

Have you had previous chiropractic care? Yes No Dr. _____ Date: _____

Family doctor name: Dr. _____

List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: _____

Date: _____ Patient signature: _____



Health Questionnaire

Have you ever been diagnosed or told you have any of the following? Circle the correct response.

- 1. High blood pressure ----- Yes No
- 2. Hardening of the arteries (arteriosclerosis)----- Yes No
- 3. Diabetes ----- Yes No
- 4. Tuberculosis ----- Yes No
- 5. Cancer ----- Yes No

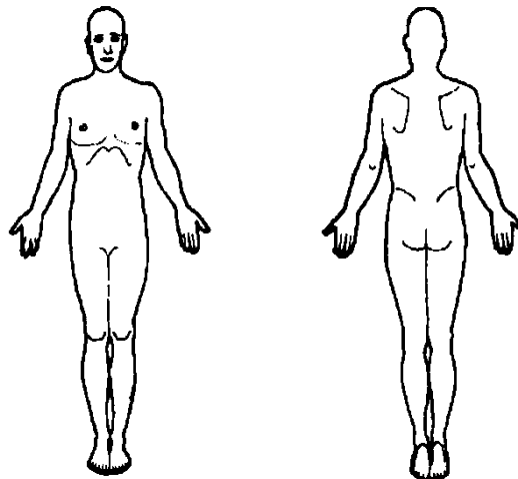
Where? _____

- 6. Heart or blood diseases----- Yes No
- 7. Bone spurs on the neck bones (cervical sprain) ----- Yes No
- 8. Whiplash injury (flexion-extension injury, cervical sprain)----- Yes No
- 9. Have you or any of your relatives ever suffered a stroke? ----- Yes No
- 10. Were you ever a smoker? ----- Yes No

From _____ to _____

- 11. Do you take medication on a regular basis? ----- Yes No
- 12. Visual disturbances (blurring, loss, double vision) ----- Yes No
- 13. Hearing disturbances (loss, ringing, other noise) ----- Yes No
- 14. Slurred speech or other speech problems ----- Yes No
- 15. Difficulty swallowing ----- Yes No
- 16. Dizziness ----- Yes No
- 17. Loss of consciousness, even momentary blackouts ----- Yes No
- 18. Numbness, loss of sensation, loss of strength or weakness in the face,
fingers, hands, arms, legs, or any other parts of the body? ----- Yes No
- 19. Sudden collapse without loss of consciousness ----- Yes No

Indicate the location of your pain by shading in the appropriate area(s):



Indicate the severity of the pain by circling a number:

| 0 1 2 3 4 5 6 7 8 9 10 |
 No pain Extreme pain



Fee Schedule

Initial Visit

Adult (18-65)	\$120.00
Senior	\$80.00
College Student	\$80.00
Student (12-17yrs)	\$80.00
Children (0-11yrs)	\$65.00

Subsequent Visit (Chiropractic only)

Adult (18-65)	\$55.00
Senior (65+)	\$55.00
College Student	\$55.00
Student (12-17yrs)	\$55.00
Children (0-11yrs)	\$35.00

Subsequent Visit & Acupuncture

Adult	\$75.00-85.00
Senior	\$75.00-85.00
College Student	\$75.00-85.00
Student (12-18yrs)	\$75.00-85.00
	\$200.00

Additional Charges

Shockwave Therapy	\$75.00-\$85.00
Laser treatment	\$85.00
Office visit	\$20.00-\$45.00
Extended Initial Visit	\$120.00-
Re-examination	\$10.00
Infrared Bed	\$1.00/min
Micro current	\$85.00
Concussion	\$20.00

Orthotics

Orthotics starting at	\$375.00
Orthotic Shoes starting at	\$475.00

Legal reports and insurance forms are subject to a fee.

Our office provides direct billing for the following: **Alberta Blue Cross, Alberta School Employee Benefit Plan, Greenshield, SSQ Insurance, RCMP, VETS (Medavie), Sun life, Canada Life, Manulife, Maximum benefit, Group Health, Group Source, Chamber of Commerce, First Canadian, CINUP, Claim Secure, Telus Adjudicare, Industrial Alliance, Johnson Inc., and other insurance companies.** Please check with your health care provider for chiropractic or acupuncture coverage as individual insurance policies may vary. Please bring your policy to our attention as we can let you know if we can provide direct billing on your behalf.

We understand that there will be circumstances for which you may not be able to keep your appointment, please call ahead to cancel and re-schedule.

Consent

I have read the above and understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

Signature: _____ Date: _____