

**OTTAWA SOUTH CHIROPRACTIC CLINIC**  
 2430 Bank St., Suite 204, Ottawa, ON K1V 0T7  
 TEL: (613)738-1882. FAX: (613)738-0663  
 Dr. S. Gorka DC, Dr. D. Creaser DC, Dr. V. Fortin DC

**CONFIDENTIAL PATIENT CASE HISTORY**

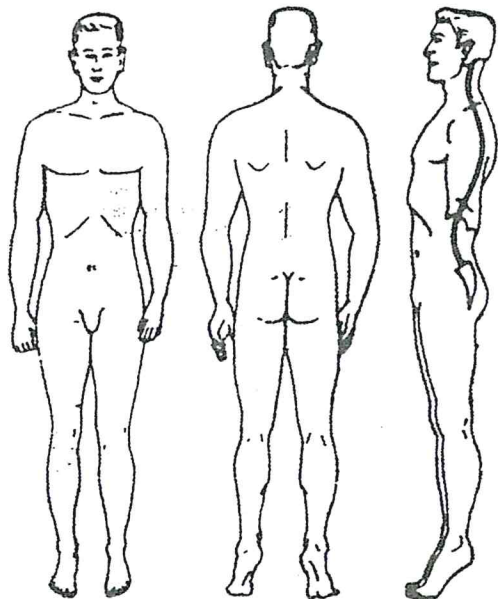
Date \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
Mr. Mrs. Miss. Ms. Dr.  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M F  
day month year  
 Business/Employer \_\_\_\_\_ Children? Y N Ages \_\_\_\_\_  
 Tel # home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
 Is this a Worker's Compensation case? Y N  
 Is this a Motor Vehicle Accident case? Y N  
 How do you prefer to be addressed? \_\_\_\_\_ Family Physician \_\_\_\_\_  
 (nickname etc?) \_\_\_\_\_  
 Referred by: Family \_\_\_ Friend \_\_\_ Who? \_\_\_\_\_ Yellow Pages \_\_\_ Internet \_\_\_ Advert \_\_\_ Other \_\_\_

**Present Reason for Consulting the Clinic**

List any major symptoms: \_\_\_\_\_  
 How long have you had these symptoms? \_\_\_\_\_ Have you had similar symptoms? Y N  
 What activities aggravate these symptoms? \_\_\_\_\_  
 Other health practitioners who treated these symptoms? \_\_\_\_\_  
 Other chiropractors who treated these symptoms? \_\_\_\_\_  
 Other complaints? \_\_\_\_\_

Mark your area of pain on picture below.

Date of last: (Please ✓)



|               | less than<br>6 months | 6-18 mos | over<br>18 mos | never |
|---------------|-----------------------|----------|----------------|-------|
| spinal exam   |                       |          |                |       |
| physical exam |                       |          |                |       |
| blood test    |                       |          |                |       |
| urine test    |                       |          |                |       |
| spinal x-ray  |                       |          |                |       |
| other x-ray   |                       |          |                |       |

**Lifestyle Habits**

Alcohol - per day \_\_\_\_\_  
 Coffee/Tea - per day \_\_\_\_\_  
 Smoking - per day \_\_\_\_\_  
 Soft drinks - per day \_\_\_\_\_  
 Exercise - per week \_\_\_\_ type \_\_\_\_\_  
 Sleep: back \_\_\_\_ side \_\_\_\_ front \_\_\_\_  
 Bed: foam \_\_\_\_ spring \_\_\_\_ waterbed \_\_\_\_ futon \_\_\_\_  
 Pillows: one \_\_\_\_ two \_\_\_\_ more \_\_\_\_ cervical \_\_\_\_  
 Medications (Drugs) \_\_\_\_\_

Vitamins/Minerals/Supplements \_\_\_\_\_

**F. Present Health: Are you presently affected by. . . .**

**Circle: O- occasional**

**F- frequent**

**C- constant**

**Muscle & Joint:**

- F  C arthritis
- F  C bursitis
- F  C backache
- F  C neck pain
- F  C headaches
- F  C pain between shoulders
- F  C hernia
- F  C spinal curvatures
- F  C faulty posture

**Pain of Numbness in:**

- F  C shoulders
- F  C arms
- F  C hands
- F  C tailbone
- F  C hips
- F  C legs
- F  C knees
- F  C ankles
- F  C feet

**Respiratory:**

- F  C chronic cough
- F  C spitting up phlegm
- F  C chest pain
- F  C difficulty breathing
- F  C wheezing

**Urinary:**

- F  C painful urination
- F  C getting up at night to urinate
- F  C blood in urine
- F  C frequent urination
- F  C bed wetting
- F  C prostate trouble

**Eyes, Ears, Nose & Throat:**

- F  C deafness
- F  C earache
- F  C ear discharge
- F  C ear noises
- F  C nose bleeds
- F  C sore throat
- F  C hoarseness
- F  C hay fever
- F  C asthma
- F  C tonsillitis
- F  C sinus trouble
- F  C enlarged glands
- F  C enlarged thyroid
- F  C eye pain
- F  C blurry vision

**Cardiovascular:**

- F  C rapid heart beat
- F  C slow heart beat
- F  C high blood pressure
- F  C pain over heart
- F  C swelling of ankles
- F  C previous heart attack
- F  C hardening of arteries

**Female Only:**

- Y  N painful menstruation
- Y  N excessive flow
- Y  N irregular cycle
- Y  N cramps
- Y  N backache
- Y  N abnormal discharge
- Y  N passed menopause
- Y  N are you pregnant? Due date: \_\_\_\_\_
- Y  N birth control Type: \_\_\_\_\_

**Gastrointestinal:**

- F  C excessive hunger
- F  C excessive thirst
- F  C poor appetite
- F  C stomach pain
- F  C liver trouble
- F  C gallbladder trouble
- F  C colitis
- F  C hemorrhoids
- F  C difficult digestion
- F  C burping or gas
- F  C nausea or vomiting
- F  C heartburn/indigestion
- F  C constipation
- F  C diarrhea

**General Symptoms:**

- F  C chills
- F  C dizziness
- F  C fever
- F  C sweats
- F  C fainting
- F  C convulsions
- F  C allergy
- F  C skin problems
- F  C bleeding tendency
- F  C easy bruising
- F  C colds/flu
- F  C tremors
- F  C weight loss
- F  C loss of sleep
- F  C loss of concentration
- F  C depression
- F  C decreased energy/fatigue

**G. Family Health Conditions (Please ✓)**

- aneurysm/stroke
- arthritis
- cancer
- migraines
- heart disease
- other major conditions: \_\_\_\_\_
- high blood pressure
- back/disc problems

**H. Past Health: Have you suffered from any of the following conditions? (Please ✓)**

- AIDS (HIV +)
- allergies
- appendicitis
- alcoholism
- arthritis
- anemia
- asthma
- blood pressure problems
- cancer
- colitis
- diabetes
- drug dependency
- depression
- eczema
- epileptic seizures
- emotional disorder
- gout
- heart disease
- kidney disease
- lung disease
- migraines
- multiple Sclerosis
- pneumonia
- prostate problems
- psoriasis
- stroke/aneurysm
- thyroid problems
- tuberculosis
- ulcers
- other major conditions \_\_\_\_\_

**Major Accidents/Falls/Hospitalizations:** \_\_\_\_\_

**Person Responsible for Payment:** \_\_\_\_\_

**Signature:** \_\_\_\_\_