



**British
Chiropractic
Association**

Confidential Patient Records

Please print clearly

PERSONAL DETAILS

Surname		Forenames	
Title	Age	Date of Birth	
Full Address		Postcode	
Marital Status	Number of Children	Age of Children	
Preferred contact tel no. (1)		(2)	
Email Address			
How did you hear about this clinic?			
Do you intend to reclaim your fees through health insurance? YES/NO		If yes, which company?	

OCCUPATIONAL DETAILS

Occupation	No. of years in current job
What does your job involve? (e.g. sitting, lifting)	

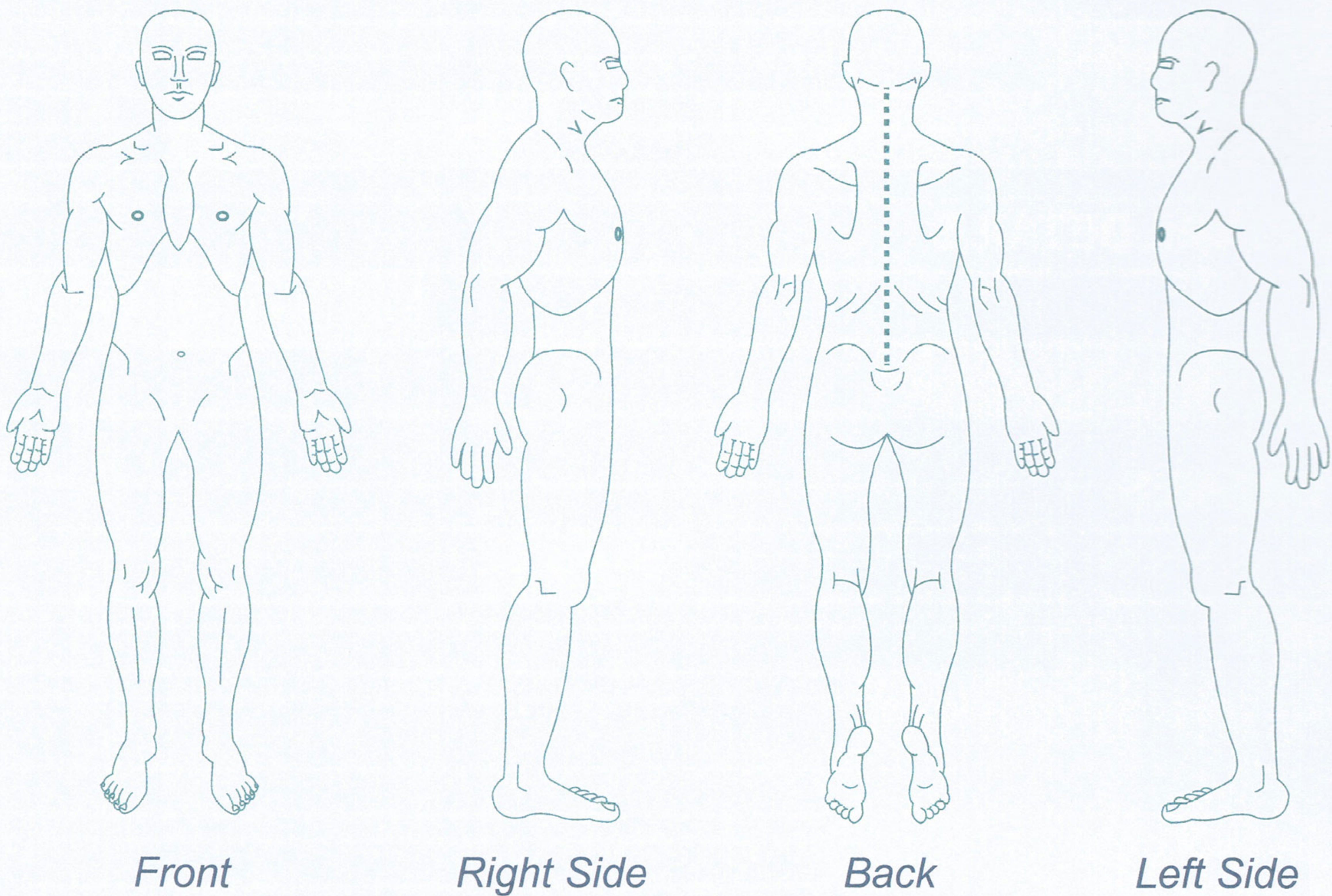
HEALTH DETAILS

Name of GP		GP Surgery		
Current Medication				
Significant previous physical or emotional trauma				
Any previous operations/hospitalisation (Date/Year)				
Previous X-Ray/CT/MRI (Date/Year)				
Last cervical smear (Date)		Last menstrual period started (Date)		
Regular self examination (breast, testicular) (Date)				
Do you smoke? Y / N	No. per day	How long	Do you drink? Y / N	No. of units per week
Have you consulted your GP about any other medical condition recently? YES/NO				
Details				
Height		Weight		
Other (non medical) treatments				

Please indicate if you or any family member either currently or previously have suffered with any of the following conditions:

Heart / circulation / blood pressure	Eyes
Stroke	Migraines / headaches
Respiratory (breathing / lungs)	Joints / Arthritis
Digestive system	Mental state
Bowels	Weight
Urinary tract (kidneys / bladder etc.)	Pregnancy
Reproductive system	Cancer
Liver and gall bladder	Nervous system (e.g. MS, epilepsy)
Ears / Nose / Throat	Skin
Diabetes	Osteoporosis

Please shade the areas of pain you are experiencing:



Put a vertical mark on the line to indicate your level of pain.

No Pain _____ Maximum Pain

I confirm that the information given above is true to the best of my knowledge and belief.
I understand that the chiropractor may wish to undertake an appropriate physical examination,
to which I hereby consent.

Patient's Signature Date

(In the case of a child, or a person of diminished intellectual capacity, parent/guardian to sign)