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6243 Almon St, Halifax, Nova Scotia B3L 1V1 – P:902.407.0808 – F:902.407.0809

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PERSONAL INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship Status \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

MEDICAL HISTORY

Previous Illness \_\_\_\_\_

Surgeries \_\_\_\_\_

Traumas (Broken bones, accidents, etc.) \_\_\_\_\_

Allergies \_\_\_\_\_

Childhood illness \_\_\_\_\_

Medication \_\_\_\_\_

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Supplements \_\_\_\_\_

Do you have any epidemic diseases? (HIV, AIDS, Hepatitis)? \_\_\_\_\_

Family health status (Circle any of the following, and your relationship to the family member)

- Tuberculosis \_\_\_\_\_
- Cancer \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Seizures \_\_\_\_\_
- Kidney Disorders \_\_\_\_\_
- Asthma \_\_\_\_\_
- Skin Disorders \_\_\_\_\_
- Mental/ Emotional Disorders \_\_\_\_\_
- Stroke \_\_\_\_\_

**Chief complaint** \_\_\_\_\_

\_\_\_\_\_

How long have you had this complaint? \_\_\_\_\_

\_\_\_\_\_

Secondary complaint \_\_\_\_\_

\_\_\_\_\_

What makes your symptoms better? (Heat, cold, movement, rest, pressure, or other) \_\_\_\_\_

\_\_\_\_\_

What makes them worse? \_\_\_\_\_

Are your symptoms worse at a certain time of day? \_\_\_\_\_