

Confed - Acupuncture Intake

Confederation Chiropractic Clinic
#20 207 Fairmont Drive
Saskatoon, SK S7M 5B8
(306) 978-7788

Info

Name _____

Address: _____

City/ Town: _____ Postal Code: _____ Hospitalization #: _____

Home #: _____ Cell #: _____ Work / Other: _____

Email: _____ Gender **Male** **Female**

Birthday _____ Family Physician: _____ Physician Phone Number: _____

Occupation: _____ Referred by: _____

Do you have any reason to believe you may be pregnant: **No** **Yes**

Due Date: _____

Is this a claim from: SGI

Claim #:

Date of Accident:

Adjuster:

DVA

K#:

REASON FOR VISIT: _____

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If you are experiencing pain is it: Shooting Sharp Stabbing Throbbing Achy Burning Dull

ARE YOU EXPERIENCING NUMBNESS OR TINGLING? Yes No

How would you classify your pain level: Slight Moderate Severe

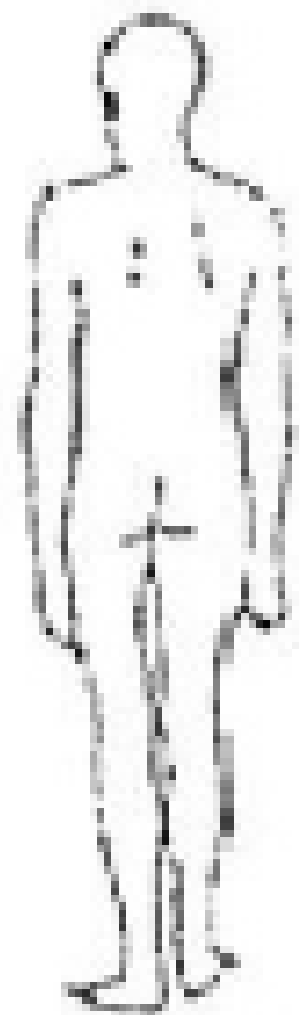
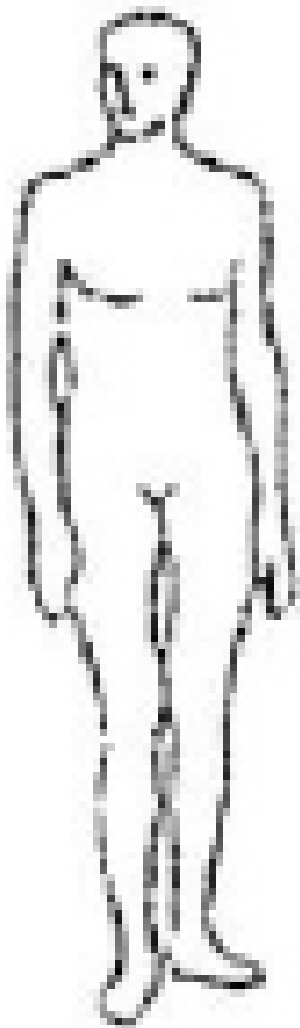
When did it start: _____

What relieves the condition: _____

What aggravates the condition: _____

Is the condition getting worse? Yes No Constant Comes and Goes

Mark the Areas Below



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Have you seen a: Chiropractor Physician Massage Therapist Acupuncturist Physician Other

For what condition and when: _____

Have you had surgery? Yes No

For what reason and when? _____

Are you presently taking medication: Yes No

If yes, please give name and reason for use: _____

Condition

Babies & Children

Birth Trauma Present Past Feeding Problems Present Past Colic Present Past

Recurrent Ear Infections Present Past Developmental Delays Present Past Behavioral Present Past

Hyperactivity/ADD/ADHD Present Past Learning Disabilities Present Past Eye Motor Problems Present Past

PDD/Autism Present Past

Respiratory

Chronic Conditions Present Past Shortness of Breath Present Past Bronchitis Present Past

Asthma Present Past Emphysema Present Past Allergies Present Past

Cardiovascular

High Blood Pressure Present Past Low Blood Pressure Present Past Chronic Congestive Heart Failure
Present Past Heart Attack Present Past Heart Disease Present Past

Stroke Present Past Cardiovascular Aneurysm Present Past Pacemaker / Other Device Present
Past Coldness in Extremities Present Past Varicose Veins Present Past

Arteriosclerosis Present Past Poor Circulation Present Past

Head/ Neck / Back

Headaches Present Past Migraines Present Past Dental Surgery Present Past

Orthodontics Present Past Jaw Problems Present Past Whiplash Present Past

Vision Problems Present Past Fainting Present Past Dizziness Present Past

Ringling in Ears Present Past Sinus Problems Present Past Facial Pain Present Past

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Head Injury Present Past Spinal Injury Present Past Other Neurological conditions Present
Past

Other _____

Gastrointestinal

Heartburn Present Past Pain or Discomfort before eating Present Past Pain or Discomfort after eating

Present Past Nausea Present Past Gas Present Past

Constipation Present Past Hemorrhoids Present Past Diarrhea Present Past

Ulcer Present Past Digestive Problems Present Past Eating Disorder (Anorexia/bulimia)

Present Past