

Welcome to Pure. Please complete the following forms. Information collected is used to determine care required based on your current condition. After you are finished filling out these forms, you will meet with one of our highly trained staff members, who will review your history with you. Based on your history, certain examinations will be performed, including spinal images if necessary. Your case will then be reviewed by our team of practitioners and one of them will review your exam findings with you.

Please be prepared to spend about 60 minutes with us today.

CONFIDENTIAL PATIENT HISTORY

Name _____ Date: _____
Address _____ City _____ Postal Code _____
Home Phone _____ Business Phone _____ Cellular/Other _____
Date of Birth _____ Email* _____ Sex ____M ____F Age _____
Number of Siblings _____ Name and Ages of Siblings _____
Have you ever been to: ____Chiropractor ____Massage Therapist ____Physiotherapist ____Nutritionist
If yes to any of the above, what clinic? _____
How did you hear about Pure? _____
Name of Family Medical Doctor _____ Alberta Health Care Number _____
*Your email will be used for email appointment reminders and office communication pertaining to your care.

PATIENT HEALTH STRESSORS

There are many lifestyle stressors that can effect your health. Please answer the following questions regarding lifestyle stressors.



STRESS LEVELS

Are there smokers in your home? Y N
Is there stress in your child's life? Y N
How many hours of sleep does your child get nightly? _____
What do you perceive to be your child's greatest stressor? _____

PRACTITIONER NOTES:



NERVE SUPPLY

Is your child lethargic? Y N
Does your child have too much energy? Y N
Does your child have trouble staying focused? Y N
Any previous history of concussions? Y N
Does your child have poor posture? Y N

PRACTITIONER NOTES:



FUEL AND OXYGEN

Does your child have digestive issues? Y N
Do you have any breathing problems? Y N
Do you use supplements? Y N
What did your child eat for breakfast today? _____
What is your child's favourite vegetable? _____

PRACTITIONER NOTES:



MOVEMENT

Does your child engage in physical activities? Y N
Would you consider your child flexible? Y N
Does your child have balance and or coordination issues? Y N
How long does your child spend on physical activity each day outside of work? _____

PRACTITIONER NOTES:

