

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 _____
 Occupation or Professions _____ Employer _____
 Marital Status ____Single ____Married ____Divorced ____Common-Law Name of Spouse _____
 Number of Children _____ Name and Ages of Children _____
 Have you ever been to: ____Chiropractor ____Massage Therapist ____Physiotherapist ____Nutritionist
 If yes to any of the above, what clinic? _____
 Is this complaint a result of a work related injury? _____
 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

Do you smoke? Y N
 Is what you do for work stressful? Y N
 How many hours of sleep do you get nightly? _____
 What do you perceive to be your greatest stressor? _____

PRACTITIONER NOTES:



NERVE SUPPLY

Would you like more energy? Y N
 Do you have trouble staying focused? Y N
 Any previous history of concussions? Y N
 Does you have poor posture? Y N

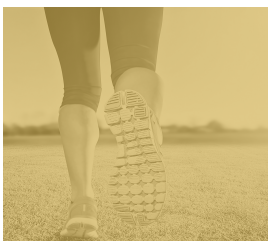
PRACTITIONER NOTES:



FUEL AND OXYGEN

Does you have digestive issues? Y N
 Do you have any breathing problems? Y N
 Do you use supplements? Y N
 Do you drink coffee or alcohol? Y N
 What did you eat for breakfast today? _____

PRACTITIONER NOTES:



MOVEMENT

Does you have a fitness club membership that you use? Y N
 Would you consider yourself flexible? Y N
 Could you run 5km without stopping? Y N
 How long do you spend on physical activity each day outside of work? _____

PRACTITIONER NOTES:

