Student Wellness Services

MacEwan Student Centre, Room 370
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca/wellness-services

Chiropractic Consultation Admittance Form

Last Name:	First Name:	Middle Initial:
Birth: (D/M/Y)	Age:	Gender:
Address:		Postal Code:
Phone (Home) ( )	Phone (Work) ( )	Phone (Cell) ( )
Permanent Address (if other than above):		

U of C ID#:	Pronouns:
Emergency Contact Name:	Alberta Health Care #
Emergency Contact Phone:	Or Other Provincial #
If you're a student at U of C: Undergraduate ☐ Graduate ☐ Visiting Student ☐	If you're a U of C Employee: Support Staff ☐ MaPs ☐ Faculty ☐ Post Doc ☐ SU ☐ GSA ☐ Other ☐
Is this a referral from an MD? Yes ☐ No ☐ Doctor's Name:	Your Dept/Faculty: Your Occupation:
Your Email (optional)*:	

*Email collection is requested for such things as appointment reminders and is optional

Please check all answers and fill in the blanks where appropriate.

Have you been to a chiropractor before? ☐ Yes ☐ No For what condition? ______________________

Chiropractor's name? Dr. ______________________ How long since your last visit? ______________________

Is this a work related injury (WCB)? ☐ Yes ☐ No Has your employer been notified? ☐ Yes ☐ No

Is this a Motor Vehicle Accident (MVA)? ☐ Yes ☐ No Date of accident: ______________________

If a Motor Vehicle Accident, have you contacted your insurance company? ☐ Yes ☐ No

If an MVA, have you had an assessment/treatment with another health care practitioner ☐ Yes ☐ No

Reason(s) for today's appointment: ____

When did your condition begin? ____

What is the cause of your problem? ____

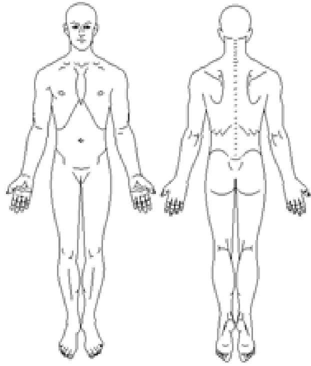
What makes the pain better? ____

What makes the pain worse? ____

Indicate the intensity of your pain: (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Pain Ever)

PLEASE TURN PAGE OVER

Please circle the location of your pain and describe:



Have you had treatment for this current condition? ☐ Yes ☐ No, If Yes, what: ______________________________

Have you ever had similar problems? ☐ Yes ☐ No, If Yes, when: ______________________________________

Have you had X-rays, MRI, or other tests for this condition? ☐ Yes ☐ No Which tests? When? _______________

____

Can you perform daily home activities?	☐ Yes	☐ Yes, but only with help		☐ Not at all
Can you perform your daily work activities?	☐ All activities	☐ Only some activities		☐ Not at all
Describe your stress level	☐ None	☐ Mild	☐ Moderate	☐ High
Do you exercise?	☐ Daily	☐ Occasionally		☐ Not at all

What kinds of exercise do you do? ____

List all previous surgeries, illnesses, injuries (including MVA): ______________________________

____

____

List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.: _________

____

____

Family health history for mom, dad, siblings, children (many health problems are a result of hereditary spinal weakness and have a tendency to occur in families): ____

____

When you receive health services from this clinic, we will collect individually identifying health information in accordance with the provisions of the Health Information Act (HIA). We will collect this health information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information. For more information, please discuss with our staff at the front desk or contact Student Wellness Services via email: sd.swas@ucalgary.ca, phone: 403.210.9355, or fax: 403.282.5218.

Our team is here to help you. We will do everything we can to treat you with respect and courtesy. The University of Calgary is committed to providing a workplace that respects and promotes human rights, personal dignity, and health and safety. Please treat our team members with respect. Our team members have the right to work in a safe environment and are here to help you. We will not tolerate harassment, bullying, discrimination, violence, physical aggression, verbal abuse, or any disrespectful behavior.

Date: ________________________ **Patient signature:** ______________________________________

Dr. Initial: _______