

CONFIDENTIAL PATIENT INFORMATION

WHY CHIROPRACTIC? Whether it is relief care or corrective care Dr. Carlos Lapeña will weigh your needs and desires when recommending your treatment program.

DATE COMPLETED: (YYYY-MM-DD): _____

Is this a Work Safe or ICBC Claim ? No

BC CARE CARD (MSP): _____

NAME: _____

ADDRESS: _____ **CITY:** _____

POSTAL CODE: _____ **DATE OF BIRTH (YYYY-MM-DD):** _____

PHONES: LANDLINE _____ **CELL** _____ **WORK** _____

EMAIL: _____ **OCCUPATION:** _____

HOW WERE YOU REFERRED TO OUR CLINIC? : _____

NUMBER OF CHILDREN _____ **AGES** _____

MAJOR COMPLAINT: _____

OTHER CONCERNS: _____

HOW LONG HAVE YOU HAD THE MAJOR COMPLAINT: _____

WHAT AGGRAVATES THIS CONDITION: _____

RELEVANT SURGERIES, ACCIDENTS, FALL, ETC _____

FOOT DISORDERS: Y **N** (DR LAPENA OFFERS CUSTOM ORTHOTICS)

REGULAR MEDS: _____ **PAINKLLERS** **MUSCLE RELAXERS**

PREVIOUS CHIROPRACTIC: Y **N** **IF YES, WHEN:** _____

HEALTH HISTORY-CHECK THOSE APPLICABLE TO YOU:

- | | | |
|---|---|--|
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> LUNG DISORDERS | <input type="checkbox"/> MIGRAINES/HEADACHES |
| <input type="checkbox"/> ANEMIA | <input type="checkbox"/> ANGINA/HEART DISEASE | <input type="checkbox"/> JAW/TMJ PAIN |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> CANCER | <input type="checkbox"/> INSOMNIA |
| <input type="checkbox"/> DIGESTIVE PROBLEMS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> VERTIGO/DIZZINESS |
| <input type="checkbox"/> GAS/INDIGESTION | <input type="checkbox"/> EAR/EYE PROBLEMS | <input type="checkbox"/> TENDONITIS |
| <input type="checkbox"/> BRAIN DISEASE | <input type="checkbox"/> FRACTURES | <input type="checkbox"/> STRESS |
| <input type="checkbox"/> OSTEOPOROSIS | <input type="checkbox"/> STROKE | <input type="checkbox"/> OTHER CONDITIONS |
| <input type="checkbox"/> CHRONIC FATIGUE | <input type="checkbox"/> KIDNEY/LIVER DISORDERS | _____ |
| <input type="checkbox"/> FIBROMYLAGIA | <input type="checkbox"/> HORMONAL DISORDERS | _____ |