WELL A:DJUSTED
Chiropractic Centre
+
Dr. Matthew Hannikainen D.C.
69 Yonge Street, Suite 301 Toronto, ON M5E 1K3
Office: (416) 504-8880 Text: (647) 793-0977

Confidential Patient Health Questionnaire

Thank you for choosing our office!

Name: _____ Date: _____
Date of Birth: _____/_____/_____ (dd/mo/yr) Sex: □ Male / □ Female Age: _____
Address: _____City: _____ Postal Code: _____
Phone: (H) _____ (B): _____Ext. _____ (M): _____
E-mail: _____ Preferred method of contact: _____
Occupation: _____Number of children: ___ Ages: ___/___/___ M.D. Name_____
Who may we thank for referring you to our office? _____
Have you seen a chiropractor before? □ Yes □ No When? _____

About Your Health

You were born to be healthy! Everything you need to keep your body healthy and functioning properly is inside your brain. Your brain controls every single function in your body and it uses your nervous system to communicate to your body to keep it healthy. Spinal misalignments (Subluxations) or spinal damage can put pressure onto your nervous system and interfere with your brain's ability to keep your body functioning properly.

Health Questionnaire

1a. Reason for your visit today □ Wellness check-up OR □ A specific health concern?

b. What is your major complaint today? Please describe:

_____

_____

c. Is the condition interfering with □ Work □ Sleep □ Hobbies □ Mobility □ All of the above

d. Have you consulted anyone else for this condition? □ Yes □ No □ If yes, who_____

_____

e. Have you tried anything to get rid of this problem? □ Yes □ No

_____

_____

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What other symptoms have you experienced in the last 6 Months?

- ☐ Headaches - Migraines
- ☐ Sleeping problems
- ☐ Back pain
- ☐ Neck pain
- ☐ Knee pain (R) __ (L) __
- ☐ Nervousness
- ☐ Tension
- ☐ Irritability
- ☐ Chest pain
- ☐ Fever
- ☐ Pins & Needles in Leg ___ / Arm ____ (R) / (L)
- ☐ Numbness in toes
- ☐ Stomach Issues (upset)
- ☐ Dizziness
- ☐ Shortness of breath
- ☐ Fatigue
- ☐ Depression
- ☐ Loss of memory
- ☐ Loss of balance
- ☐ Fainting
- ☐ Constipation
- ☐ Cold sweats
- ☐ Diarrhea
- ☐ Stiffness
- ☐ Loss of taste
- ☐ Loss of smell
- ☐ Loss of hearing
- ☐ Ringing Ears
- ☐ Cold Hands
- ☐ Cold Feet

ADDITIONAL INFORMATION: _____
_____
_____

2. Your Birth Process (*Please fill out to the best of your knowledge*)

- Was your delivery long? _____
- Was your delivery difficult? _____
- Forceps / Vacuum extraction / Caesarean? _____
- Breech / Cephalic? _____
- Home / Hospital birth? _____
- Mother given drugs during delivery? _____
- Was labor induced? _____

3. Growth & Development (*Please fill out to the best of your knowledge*)

- Were you breast fed? _____
- Childhood sickness? _____ Explain _____
- Accidents? _____
- Surgery? _____ Explain: _____
- Drugs / Vaccines? _____
- Any falls? _____
- Do you have other traumas? What? _____
  When? _____

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4. Current Health Habits

Did / do you smoke? □ Yes □ No
Diet (do you eat healthy foods) □ Yes □ No
Regular exercise? □ Yes □ No
Have you been involved in any car accidents? Yes □ No □ When _____
Have you had surgery, organs removed or replaced? □ Yes □ No_____
Do you take prescription or non-prescription drugs? □ Yes □ No
If yes, please list and dosage frequency _____
Supplements? Please list _____
Teeth problems? _____ Hearing Problems?_____
Eye problems? _____ Glasses / Contacts: _____
Sleeping posture (back, side, stomach) _____(Nightmares? Insomnia?)_____
Physical stress? _____ Mental stress? _____
Hobbies / Sports injuries? _____

5. Please list 3 activities you would like to regain in your life?

_____
_____

6. What are your expectations from your treatment here, if you were to be accepted to start care?

_____
_____

About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care**, which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. The second stage of care is the **Reconstructive Care.** It is at this stage, years of damage that occurred on your spine is corrected. The last stage is **Wellness Care**. This is continued care to keep your body as healthy as possible. This will all be explained to you at your *report of findings* at which you will be able to begin a course of care that fits your health goals.

Consultation & Examination Fees

Consultation	----------	Complimentary
Examination	----------	$165.00
Adjustments	----------	$60.00

X-Rays

Ontario Residents	----------	*Covered by OHIP*
Canadian Citizens – *Other Provinces*	----------	Rec*iprocal Billing*
Without a Health Card	----------	**$495.00**

I have read the above fees for services and understand that I am responsible for the payment of all fees and services.

Date:_____ **Signature:**_____

Life is better when you're well adjusted.