

## **Confidential Patient Details**

Full Name:		DOB:	Age:	м 🗆 ғ 🗆
Address:			_ Post Code:	
Email Address:				
Home Ph:	Mobile Ph:		Work Ph:	
Occupation:	Employe	r's Name:		
Status: Single $\square$ Married $\square$ Co	habiting 🔲 Widow	ed D Separated / [	Divorced $\square$	
Partner's Name:	Names/A	ges of Children:		
Name and Practice of GP:				
Who may we thank for referring you	to our office?			
<u>Addressin</u>	g The Issues Tha	t Brought You To	o The Office	
What brings you to us?				
How long have you had it? D/\	V/M/Y How did	it start?		
If you are experiencing pain is it				
Sharp/Shooting ☐ Dull/Aching	☐ Throbbing L	」 Burning □	Numb/Tingling ☐	
Since the problem started is it			🗖	_
About the same Getting bett	_			
What makes it worse?				
Yes, it interferes with: Work $\Box$	•	_		
Have you had it before? No□ Y				
Who else have you seen for this prob				
Do you have any other health concer	ns?			
Tick past (P) or current (C) if	you have ever had	<b>1</b> .	Name / Jakal all ansas	of main stiffenses
C	P C		Mark / label all areas abnormal sensation:	or pain, surmess o
☐ Headaches/Migraines		Stiffness		
<ul><li>□ Dizziness/ Loss of balance</li><li>□ Ringing/Buzzing in ear</li></ul>		oporosis ue / Irritability	(***)	
		ac / militability		

Sleeping problems

Blackouts or blurry vi sion

Pins/Needles in legs/feet

**Heart Disease** 

Cancer: \_

Diarrhoea

Constipation

Sexual problems

Thyroid disease

Asthma

Diabetes

Fainting

Anaemia

Indigestion / Heartburn

Other Digestive problems

**Blood Pressure Problems** 

Stroke or Transient Ischemic attack

Recurrent ear/nose/throat infections  $\ \square$ 

Pains/Sweats waking you at night

Recurrent/Persistent sinusitis

Sudden/Recent weight loss Increased urinary frequency Pins/Needles in arm/fingers Front View **Back View** 

	_		MANAGEMENT ALL DE	COI	MFORT	IN- 2 4500			
ILLNES		→ Disease D	eveloping +		ONE WELLMESSE	→ Der	veloping Wellnes	-	WELLNESS
									$\overline{}$
DISEASE Multiple Media		POOR F Symp	itoms		NING HEALTH ymptoms		GOOD HEALTH Regular Exercise		OPTIMAL HEALTH 100% Function
Poor Quality of Potential Become Body has Limited	s Limited	Surg	herapy gery nal Function	Exercise	Inconsistent e Sporadic t High Priority	W	Good Nutrition Tellness Education Tall Nerve Interfere	n/a	Continuous Development Active Participation Wellness Lifestyle
\$11\$ Crass (198		today note	nui i uncuon	incomi no	ringii rineing		na nerve interiere		Hellies diestyle
On the diagram a  A What number		ink renres	sents vour l	health toda	1V?				
B. In what direct									
Have you had any							es 🗆		
Please state any r	najor iline	sses or an	y surgeries	and years:					
List traumas (Car-	whiplash/	home/spc	orts/work i	njuries etc.	) and year	s:			
			<u>Fa</u>	mily Hea	lth Profi	le:			
At Core Wellness being of your fam	ily and lov	ed ones.	only intere				peing, but a	lso the	health and well-
being of your fam Do you or any of	ily and lov your famil	ved ones. y suffer fro	only intere	sted in you	ır health aı	nd well-k	_		
being of your fam Do you or any of Diabetes  He	ily and lov your famil art proble	ved ones. y suffer fro ms □ St	only intere	sted in you	ir health ai	nd well-b	hopaedic P	roblem	s 🗆
being of your fam Do you or any of Diabetes □ He Please mention b	ily and lov your famil art proble elow any o	ved ones.  y suffer from  st  other heal	only intere om? troke   th conditio	ested in you Epilepsy	ir health ai Cancer erns you m	nd well-b	hopaedic P about fami	roblem ly mem	s 🗆
being of your fam Do you or any of Diabetes  He	ily and lov your famil art proble elow any o	ved ones.  y suffer from  st  other heal	only intere om? troke   th conditio	ested in you Epilepsy	ir health ai Cancer erns you m	nd well-b	hopaedic P about fami	roblem ly mem	s 🗆
being of your fam Do you or any of Diabetes □ He Please mention b	ily and lov your famil art proble elow any o	ved ones.  y suffer from  st  other heal	only intere om? troke   th conditio	ested in you Epilepsy	ir health ai Cancer erns you m	nd well-b	hopaedic P about fami	roblem ly mem	s 🗆
being of your fam Do you or any of Diabetes	illy and love your family art proble elow any object of the puse of the pregnant of the pregna	y suffer from Strate of St	only intere om? troke  th conditio Father [	Epilepsy Cons or conce	Ir health ai Cancer erns you m ers □ Sis	ond well-k	hopaedic P about fami Others   ber of past	roblem ly mem	s  bers:-
being of your fam  Do you or any of  Diabetes	illy and love your family art proble elow any object of the puse of the pregnant of the pregna	y suffer from Strate of St	only intere om? troke  th conditio Father [	Epilepsy Cons or conce	Ir health ai Cancer erns you m ers □ Sis	ond well-k	hopaedic P about fami Others   ber of past	roblem ly mem	s  bers:-
being of your fam Do you or any of Diabetes	illy and love your family art proble elow any object of the puse of the pregnant of the pregna	y suffer from the suffer from	only intere om? troke   th conditio Father [  Yes, I am ing this pre	Epilepsy  ens or conce Brothe	Ir health ai	ond well-b	hopaedic P about fami Others ber of past	roblem ly mem	s  bers:-
being of your fam Do you or any of Diabetes	illy and love your family art proble elow any object of the puse of the pregnant of the pregna	y suffer from the suffer from	only intere om? troke  th conditio Father [  Yes, I am ing this pre	Epilepsy  ons or conce Brothe due egnancy?	Ir health ai	ond well-b	hopaedic P about fami Others ber of past	roblem ly mem pregna	s  bers:-  incies?
being of your fam Do you or any of Diabetes	illy and love your famile art proble elow any of the pregnant of the pregnant of the concert of the pregnant of th	y suffer from State of the regarding segarding	only intere om? troke  th conditio Father [  Yes, I am ing this pre	Epilepsy  ens or conce Brothe	Thealth and Cancer erns you mers ☐ Sister S	ond well-b	hopaedic P about fami Others  ber of past hents Supple	roblem ly mem pregna	s  bers:-  incies?
being of your fam Do you or any of Diabetes  He Please mention b Children  Spo  Female Clients:- Are you currently Have you any hea  Allergies (list)	illy and love your famile art proble elow any of the pregnant of the pregnant of the concert of the pregnant of th	y suffer from State of State o	only intereom?  troke  th condition Father [  Yes, I am ing this preeduced.	Epilepsy  ens or conce Brothe due egnancy? , Medicat	Thealth and Cancer erns you mers ☐ Sistems & S	ond well-b	hopaedic P about fami Others  ber of past hents Supple	roblem ly mem pregna	s  bers:-  nncies?  (list)
being of your fam Do you or any of Diabetes  He Please mention b Children  Spo  Female Clients:- Are you currently Have you any hea  Allergies (list)	illy and love your family art proble art proble and any of the puse are grant.	y suffer from State of State o	only intereom?  troke  th condition Father [  Yes, I am ing this preeduced.	Epilepsy  ens or conce Brothe due egnancy? Medicat	Thealth and Cancer erns you mers ☐ Sistems & S	ond well-b	hopaedic P about fami Others  ber of past hents Supple	roblem ly mem pregna	s  bers:-  nncies?  (list)