Kingston West Family Chiropractic

Dr. Adrina Patterson

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PATIENT UPDATE FORM

Name: _____ Date: _____

Level of Physical Activity: ☐ less than 3 hrs/wk ☐ 3-6 hrs/wk ☐ over 6 hrs/wk

Address: _____ Apt #: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone #: _____ Home Phone #: _____

Work Phone: _____ Preferred method of contact ☐ phone, ☐ text, ☐ email

E-Mail Address: _____

_ _

I am aware that 24 hours notice is required for appointment cancellations, with illness and medical emergencies being the exception, and that there is a charge for missed or cancelled appointments without sufficient notice equal to my appointment. _____(Initial)

1. My present symptoms are:_____

   _____

2. Symptoms began how long ago: _____
3. What were you doing when symptoms began? _____

   _____

4. Recent falls: _____
5. Recent surgery: _____
6. Recent accidents: _____
7. New or changed medications: _____
8. Change in employment: _____
9. Last chiropractic appointment:_____
10. Since I last saw you, I have seen the following doctors, therapists or specialists.

    _____ _____

    For: _____ Date _____

    For: _____Date_____

11. Patients comments: _____

    _____

_____

(patient signature)