

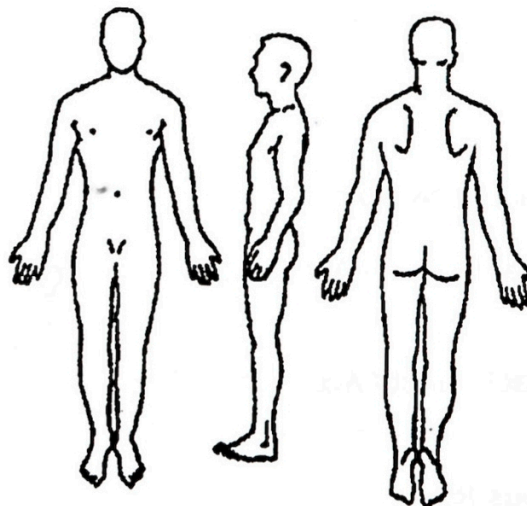
**CONFIDENTIAL PATIENT RECORDS - PATIENT FORM**

Date	Full Name		
Age	Date of Birth	Children? Ages	
Address			
Email Address		Telephone	
Private Health Insurance	Policy No	Auth No	
Name of GP and Surgery			
How did you find the Surrey Chiro?			

IF POSSIBLE PLEASE GIVE SOME BACKGROUND INFORMATION TO THE BEST OF YOUR KNOWLEDGE.

Present main symptom.....  
 Have you had chiropractic treatment before?.....where.....  
 Do you want to only be pain free?..... or pain free and improve whole health?.....  
 Occupation.....  
 How many hours do you spend on your phone/tablet a day?.....  
 Do you drink?.....no of units per week.....  
 Do you smoke?.....per day and for how long.....  
 Do you ever feel low or feel depressed or suffer from anxiety?  
 Do you consider yourself to be under stress?.....  
 Please list any current medication  
 Please indicate hobbies, exercise or sports that you participate in regularly.....  
 Is your current problem stopping or hindering you in any of the above activities?.....

**Please shade on the diagram where you have been experiencing pain and rate your average pain out of 10**



**PRIVACY POLICY CONSENT FORM - THE SURREY CHIROPRACTOR**

**Please tick the appropriate box if you agree:**

- I have read The Surrey Chiropractor's privacy policy on the website and give consent to the management of my personal data.
- I consent for The Surrey Chiropractor to use my contact information to send appointment reminders by SMS.
- I consent to receiving SMS and email communications from The Surrey Chiropractor.