Teenage Questionnaire 12-18 yrs

Life Chiropractic & Wellness

Name: Title:____ First name:_____ Surname:_____

Gender: M / F Date of birth:_____

Parent/Guardian: First name:_____ Surname:_____

Address:_____ Suburb:_____ Postcode:_____

Contact numbers: H:_____ W:_____ M:_____

Email:_____ Occupation:_____

Private health fund:_____

Have you been to a chiropractor before? Yes/No. Name:_____ When:_____

How did you hear about us? Signage Internet Facebook Website

Family/Friend: Name:_____ Other:_____

Current health

Major symptom/concern:_____

How long have you suffered this complaint?:_____ Triggered by?_____

Describe pain: Sharp □ Dull □ Burning □ Constant □ Intermittent □

Are the symptoms: Getting worse □Staying the same □ Getting better □. Comes and goes □

What brings on the problem or make it worse:_____

What relieves the problem or makes it better:_____

Have you seen anyone else about this problem? Yes/ No GP □ Chiro □ Physio □

Other Details:_____

Do you play any sports? Details_____

What other hobbies do you have? _____

Do you have or have you had any of these symptoms/problems in the past?

Neck pain/stiffness □	Difficulty sleeping □	Poor posture □
Muscle tone □	Depression/Anxiety □	Coordination/balance □
Headaches/Migraines □	Bowel/Bladder problems □	Dizziness/tinnitus □
Digestion issues □	Hip/Knee/Leg/Foot □	Asthma □
Constipation/diarrhoea □	High/low blood pressure □	Chest pain □
Incontinence □	Stroke/ Blood disorder □	

Numbeness/tingling □	Jaw pain□	Memory/concentration □
Diabetes	Reflux/ indigestion □	Menstrual problems □
Low Back□	Recurrent colds/flu's □	Visual disorder □
Allergies □	Seizures/convulsions □	Sinus problems
Joint pain □	Fatigue □	Scoliosis □
Arthritis □	Grinding/clenching □	Cancer □

Do you take any medications?: _____

Do you have any medical conditions? Details:_____

Have you had any major accidents/ trauma/falls? Details:_____

_____

Have you had any surgeries or been hospitalised? Details: _____

_____

Do you have any other problems/concerns:_____

_____

Cancellation and fee policy

All fees is to be paid on the day of consultation. For your convenience we have hicaps and eftpos facilities available for you to be able to claim your private health fund rebate on the spot.

Life Chiropractic and wellness has a 24-hr cancellation policy. We require a minimum notice of 24 hours to cancel or reschedule appointments to avoid a $30 cancellation fee. This includes any missed appointments.

I,_____ acknowledge the a above cancellation policy and give Life Chiropractic and wellness permission to charge me a cancellation or missed appointment fee as appropriate.

Signed:_____ Date:_____