

Quaker Chiropractic & Sports Injury Clinic

Unit 1 – 28 Toronto St., S. Uxbridge, ON L9P 1P3

Name _____

M or F Date of Birth: _____ (day/month/year)

Address: _____

City: _____

Postal Code: _____

(H) Phone #: _____ Cell #: _____

E-mail: _____

How did you hear about us? _____

Previous Chiropractor: _____ Last Visit: _____

Family Physician: _____ Phone #: _____

Allergies: _____

Medications: _____

Health/Surgical History:

Please circle any condition(s) presently causing you concern.

General

Headache
Loss of sleep
Numbness
Tingling
Night pain

Ears/Eyes/Throat

Blurred vision
Double vision
Vertigo/dizziness
Difficulty swallowing
difficulty hearing

Respiratory

Chronic cough
Pain on breathing in or out
Shortness of breath
Bloody sputum

Cardiovascular

Heart murmur
Heart condition
High blood pressure
Stroke History
Clotting disorder
Varicose veins
Deep vein thrombosis

Stomach/Bowel

Indigestion
Nausea/vomiting
Constipation
Ulcers
Gastric reflux
Hiatal hernia
Colitis/Crohn's

Genitourinary

Pregnant Y/N
Ovarian cysts
Uterine fibroids
Painful menstruation
Recent UTI
Blood in urine
Prostate/Hernia issues

Have you ever/currently been on birth control? Y N

Have you or are you presently taking Coumadin or warafin? Y N

Are you a smoker? Y N Type, Duration and how many per day?

Have you been told you have cancer? Y N Where & When?

Have you ever tested positive for HIV? Y N Tested positive for AIDS? Y N

Have you been diagnosed with either Hepatitis A, B or C? Y N

Have you recently been in a car accident? Sport/Recreational Accident? Describe:

Please list any medications you are presently taking:

Please list any prior/pending surgical history or medical conditions:

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Fee Schedule

Chiropractic Consultations

Single Region Initial Exam	\$70.00	Multi-Region Initial Exam	\$95.00
Progress Exam/Re-evaluation	\$55.00	Gait Analysis / Casting	\$60.00

Chiropractic Treatments

Adults	\$40.00	Senior/Child	\$35.00
Extended Treatment Session	\$55.00	Shockwave Therapy	\$25.00

Acupuncture Treatment

15 minutes	\$40.00	30 minutes	\$65.00
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KinesioTaping/RockTape

Simple (4 strips or less)	\$5.00	Complex (5 strips or more)	\$10.00
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Administration Charges

NSF Cheque	\$25.00	Missed Appointment Fees*	\$30.00
Clinic Notes	\$15.00	Med-Legal Reports	\$400.00
Photocopy of Patient Record	\$75.00		

Any balance outstanding for services rendered will be the responsibility of the patient.

***Missed Appointment Policy**

Our office makes every effort to ensure that you are seen at your scheduled time. We respect your time by not overbooking our schedule. Our office requires 24 hours prior notice if you are not going to attend your scheduled appointment. Failure to respect our time will result in you being charged for your missed appointment. However, we do understand that life can throw you a curve once in a while and that brain farts actually do occur. This is why we give each patient annually **One Appointment Mulligan**. In golf, the Mulligan is only available for the round you play in. Likewise, our Mulligan does not accumulate nor carry forward between successive years.

As a patient of this clinic I understand and accept full financial responsibility for the services I receive.

Date : _____

Signature: _____