Ottawa Chiropractic Health Clinic & Physiotherapy

Pierre-Luc Couturier
Physiotherapist
407 Laurier avenue W. • Ground Floor • Ottawa • ON • K1R 7Y7
Tel: (613) 233-8700 • Fax: (613) 233-8782 • www.ochconline.com

Health Questionnaire

Consultation date: ________________________________ Gender: Female ❑ Male ❑
Name: ____
Date of Birth: ( ) Day • ( ) Month • ( ) Year • Age:________________
Address: ____
Town: _____________________________ • Province: _____ • Postal Code: __________
Telephone at home: ____
Telephone at work: ____ ext.__________
Telephone cellphone: ____
E-mail: ____

❑ **Yes, you may contact me via e-mail for appointment reminders, statements and all-important information regarding the clinic.**
❑ **No, do not contact me via e-mail**.

Occupation:____
Emergency contact: _______________________________ • Relationship: ______________
Emergency contact's phone number: ____

How did you hear about us?

❑ Internet ❑ Portage ❑ Doctor: ____
❑ Other Health Professional: ____
❑ Recommendation from another client: _______________________________________
❑ Other: ____

What is your reason for consulting?____

Have you consulted a doctor about this problem? ❑ Yes ❑ No
Were there x-rays taken? ❑ Yes ❑ No • Date: _________________________________
Do you take medication? ❑ Yes ❑ No
If yes please list them: ____
____
____

Are you currently receiving other treatments for this condition? (Ex.: chiropractic, acupuncture)? ❑ Yes ❑ No • If yes, specify and indicate the treatment, and the name of the professional: ____
____

File# ____________

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Related Symptoms

Please check any symptoms that accompany your condition

- ❑ Blurry Vision
- ❑ Breathlessness
- ❑ Difficulty Swallowing
- ❑ Dizziness
- ❑ Fatigue
- ❑ Fever
- ❑ Head aches
- ❑ Incontinence
- ❑ Loss of consciousness
- ❑ Nausea
- ❑ Numbness around the buttocks
- ❑ Sweating
- ❑ Weight Loss/Gain
- ❑ Vomiting
- ❑ Weakness

Medical History

Please check the conditions you have now or have had in the past

- ❑ Anemia
- ❑ Angina/Chest Pain
- ❑ Anxiety/Panic Attack
- ❑ Arthritis
- ❑ Bronchitis
- ❑ Cancer
- ❑ Congestive Heart Failure
- ❑ Craniocerebral Trauma
- ❑ Dependence
- ❑ Depression
- ❑ Diabetes
- ❑ Eating Disorder
- ❑ Epilepsy / Convulsion
- ❑ Fecal Incontinence
- ❑ Fibromyalgia
- ❑ Gout
- ❑ Guillain-Barré Syndrome
- ❑ Hemophilia
- ❑ Hepatise
- ❑ Hernia
- ❑ High Cholesterol
- ❑ High/Low Blood Pressure
- ❑ HIV/AIDS
- ❑ Hypoglycemia
- ❑ Liver Cirrhosis
- ❑ Osteoporosis
- ❑ Pacemaker
- ❑ Parkinson
- ❑ Peripheral Vascular Disease
- ❑ Pneumonia
- ❑ Prolapse
- ❑ Prostate Problems
- ❑ Pulmonary Emphysema
- ❑ Sensitivity to Heat/Cold
- ❑ Skin Problems
- ❑ Stroke
- ❑ Thyroid Problems
- ❑ Tuberculosis
- ❑ Urinary Incontinence