

Neepawa / Minnedosa Chiropractic Centre

Dr. Mark Perrett B.Sc., D.C

Dr. Beth Melendy B.Sc., D.C

Do you have any of the following?

Gastrointestinal troubles? Yes No

Trouble with reproductive organs? Yes No

Diabetes? Yes No

Urinary tract problems? Yes No

Bone density problems, osteopenia, osteoporosis? Yes No

Respiratory problems, or high blood pressure? Yes No

Headaches or migraines? Yes No

Problems with your eyes, nose, throat or allergies? Yes No

Any problems with mental illness? Yes No

When was your last medical physical examination? _____

Any history of dizziness, loss of consciousness, or collapse? Yes No

Are you taking any medications? Yes No

Do you take nutritional supplements? Yes No

Any numbness experienced in hands, face, arms or legs? Yes No

Have you experienced pain at night? Yes No

Do you have a family history of cancer? Yes No

Do you have a family history of, or have had a stroke? Yes No

Any family health conditions or problems? Yes No

Have you experienced weight loss of more than 10 lbs, in the past month? Yes No

Do you have any concerns about your visit today or chiropractic care? Yes No

If yes, what for? _____

Other health issues? _____

Any significant traumas or accidents? _____

How did you find out about our office? _____

Patient's Signature

Date

Box 1523, 487 Mountain Ave., Neepawa, MB R0J 1H0
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