



Welcome to 'hands on'

Your health assessment

Chiropractic Care 'It's not just back pain...'

Name: _____ DOB: _____ Who referred you? _____

Address: _____ Post code: _____

Email: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

What are your health concerns?

Do you suffer from any of the following please circle?

Neck pain	Y/N	Headaches	Y/N
Low energy levels	Y/N	Muscle tension	Y/N
Period pain	Y/N	Limited movement	Y/N
PMS	Y/N	Backpain	Y/N
Asthma	Y/N	Skin problems	Y/N
Depression	Y/N	Mood swings	Y/N
Mental fatigue	Y/N	Tiredness	Y/N
Forgetfulness	Y/N	Insomnia	Y/N
Frequent infections	Y/N	Digestive problems	Y/N
Frequent colds	Y/N	Bloated after eating	Y/N
Stomach problems	Y/N	Irritable bowel/colitis	Y/N

Have you had any recent injuries please describe?

Do you have any specific areas you would like to focus on?



Blue Mountains – 87 Railway Parade, Leura. Ph 4784 2990
 Circular Quay - Ground floor, 15 Young Street. Circular Quay. Ph 9251 3411
 Winston Hills – 168 Windsor Road, Winston Hills. Ph 9639 6307