Dr. Jeff Hedrich Chiropractic and Acupuncture Clinic
204, 740 - 4 Avenue South, Lethbridge, AB T1J 0N9 403-381-2132

Please print. Fill out completely. Use black ink only.

Date: D/M/YYYY	Gender:	
Last name:	First Name:	
Address:	City/Town:	Postal Code:
Birthday: D/M/YYYY:	Email Address:	Occupation:
Home Phone:	Business Phone:	Cell Phone:
Employer:	Business Address:	
Marital Status:	Ages of children:	
Name of spouse:	Emergency Contact Info:	
Responsible party: Self Parent Guardian	Who recommended this clinic to you?	Physician:

Alberta Personal Health Number: _____

PLEASE ANSWER EACH QUESTION EVEN IF YOU DO NOT FEEL IT IS RELEVANT.

Previous Chiropractic Care: Yes No Chiropractor: City:

What were you treated for? Results? X-rays? Yes No

What other care have you had for this condition?

What is your major complaint?

How long have you had this condition?

What caused this condition?

Is this condition a result of an auto accident? Yes No If yes, please ask for accident forms.

Is this WCB? Yes No

Is this condition getting worse? Yes No

Is this condition causing other problems?

Is this condition interfering with your: Work Sleep Daily Routine Other

What activities aggravate your condition?

What makes it feel better?

Have you had this or a similar condition in the past? No Yes Dates

What other health concerns do you have?

Are you currently taking: *Birth Control Muscle Relaxants Nerve Pills Anti-depressants Pain Killers Insulin Blood Thinners Tranquilizers Vitamins Antibiotics Heart Medication Antihistamines Anti-inflammatory None*

Other medications including over-the-counter products?

Have you ever been in an auto accident? Yes No When?

Have you had any other personal injury? Past Year Past 5 Years Over 5 Years None

Interests and hobbies:

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

-Appendicitis	-Malaria	-Chicken Pox	-Alcoholism
-Scarlet Fever	-Tuberculosis	-Diabetes	-Food poisoning
-Diphtheria	-Whooping Cough	-Cancer	-Arthritis
-Typhoid fever	-Anaemia	-Heart Disease	-Epilepsy
-Pneumonia	-Measles	-AIDS	-Mental Disorder
-Rheumatic Fever	-Mumps	-Influenza (flu)	-Low Back Pain
-Polio	-Small Pox	-Multiple Sclerosis	-Eczema/Psoriasis
-Lupus	-Heart attack/stroke	-Auto Immune Disorder	-Hepatitis
-Osteoporosis	-Fibromusculous dysplasia	–Homocysteinemia	-Ehlers Danlos syndrome

If this is an accident case please ask for the accident forms.
Current conditions circle "C"
Past problems circle "P"

MUSCULO-SKELETAL

C P Low/Mid Back pain
C P Pain Between the Shoulders
C P Neck Pain
C P Arm Pain
C P Knee Pain
C P Leg Pain
C P Difficulty Chewing/clicking
C P Arthritis

NERVOUS SYSTEM

C P Numbness
C P Paralysis
C P Dizziness
C P Forgetfulness/confusion
C P Convulsions
C P Cold/Tingling Extremities
C P Poor muscle control/tremors

GENERAL

C P Allergies Food/Seasonal
C P Loss of Sleep
C P Fever
C P Headaches
C P Fatigue
C P Anxiety/panic attacks
C P Depression

GASTRO-INTESTINAL

C P Poor/Excessive Appetite
C P Excessive Thirst
C P Frequent Nausea
C P Vomiting
C P Diarrhea
C P Constipation
C P Liver Trouble
C P Gall Bladder Problems
C P Weight Changes
C P Abdominal Cramps
C P Painful Eye
C P Gas/Bloating after Meals
C P Heartburn
C P Black/Bloody Stool
C P Colitis

GENITO-URINARY

C P Bladder Troubles
C P Painful/excess Urination
C P Sweet Smell
C P Irregular Period
C P Erectile Dysfunction
C P Blood in Urine
C P Frequent Kidney Infections
C P Menstrual Pain

C-V-R- CODE

C P Chest pain
C P Shortness of breath
C P Blood Pressure Problems
C P Irregular Heartbeat
C P Heart Problems
C P Lung Problems/Congestion
C P Asthma
C P Emphysema
C P Varicose Veins
C P Ankle Swelling
C P High Cholesterol

EENT CODE

C P Vision Problems
C P Dental Problems
C P Sore Throat
C P Ear Aches
C P Hearing Difficulty
C P Decreased Smell

FEMALES ONLY:

When was your last period?_____
Are you Pregnant? Yes No Maybe

IMMEDIATE FAMILY DISEASES

CIRCLE- to determine if hereditary

Epilepsy	Alcoholism
Cancer	Stomach Ulcers
Allergies	Heart Disease
Arthritis	Low Back Pain
Asthma	Diabetes

Multiple Sclerosis

SURGICAL

Y N Hip Replacement
Y N Knee Replacement
Y N Removal of Organs
Y N Organ Transplants
Y N Neck Surgery
Y N Thoracic Surgery
Y N Lower Back Surgery
Y N Shoulder Surgery
Y N Wrist Surgery
Y N Other Surgery

Does the pain radiate anywhere?

Is there a family Hx of the problem?

Orthopaedic	L	R
1. Rotary Comp		
2. Lat Flx Comp		
3. Traction		
4. Shoulder Depr		
5. Allens Ce Wr		
6. Edens		
7. Soto Hall		
8. Apleys Scratch		
9. Dawburns		
10. Dugas		
11. Supraspinatus		
12. SLR		
13. Braggards		
14. Faejerstein		
15. Leg Lowering		
16. Valsalva		
17. Thompson		
18. Fabere p1 p2		
19. Hibbs		
20. Ely		
21. Yeomans		
22. Sup'd Adams		
23. Quick Test		
24. Trendelenburg		
25. H/T Walk		

(0-4) 2 is normal

Reflexes	L	R
bra-rad		
Triceps		
Biceps		
Patellar		
Ham		
Achilles		

ROM	C	C	L	L
Flexion				
Extension				
Rt lat flexion				
Lt lat flexion				
Rt rotation				
Lt rotation				

Explanation of positive tests:

_____
_____
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Pain Dermatome:

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_____
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_____

Additional Examinations:

_____
_____
_____
_____
_____

Diagnosis:_____

Clinical Impressions:_____

Doctor's Signature:_____