

## Patient Profile Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Yes** to text reminders 2hrs before appointments

\_\_\_\_\_  
Email

\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/ Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Date of Birth (mm/dd/year)

\_\_\_\_\_  
Personal Health Number (needed for claim submissions)

\_\_\_\_\_  
Emergency Contact & Relationship

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Family Doctor Phone Number

\_\_\_\_\_  
How did you hear about us (referred, location, internet)?

Is this initial visit a result of a

Motor vehicle accident (ICBC)     Workplace accident (WCB)     Neither

If an ICBC or WCB claim please provide: **Date of injury** \_\_\_\_\_

**Claim number** \_\_\_\_\_ **Adjuster's info** \_\_\_\_\_

(if WCB) **Employer** \_\_\_\_\_

**Employer address & contact** \_\_\_\_\_

\_\_\_\_\_  
Submitting or sharing this information is consent to us sharing information regarding your claim with ICBC/ WCB for coverage

Have you experienced Chiropractic care before? If yes, for what and when was your last visit?

\_\_\_\_\_

Reason/ concern for your upcoming visit?

\_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Current meds/ supplements \_\_\_\_\_

Name \_\_\_\_\_

Please CHECK anything that applies to you:

**General**

- cancer     unexplained weight change     stroke     osteoporosis     diabetes

**Neck**

- neck pain     stiff neck & shoulders     numbness/ tingling in shoulders, arms or hands
- poor immune/ autoimmune     headaches     dizziness or balance problems
- visual problems     weakness in grip     anxiety/ depression     allergies
- jaw problems     sinus problems     low energy or fatigue     thyroid problems
- high blood pressure     asthma

**Mid- Back**

- mid back pain     heart problems     stomach problems     gallbladder/ liver problems
- rib problems     difficulty or pain with breathing     indigestion or heart burn
- bloating     lung problems     recurrent lung infections

**Low- Back**

- low back pain     stiff low back     numbness or tingling in buttocks, legs or feet
- infertility     sciatica     muscle cramps in legs or feet     foot problems
- constipation or diarrhea     painful or irregular menstrual cycle
- sexual dysfunction     frequent or difficult urination     prostate problems

Additional Information \_\_\_\_\_

\_\_\_\_\_

***Victoria Family Chiropractic emails appointment reminders 2 days prior. By signing below, you understand that VFC is not responsible for insurance limits/ coverage, that all information provided above is true and we may bill for missed or cancelled appointments within 24 hours.***

Signature \_\_\_\_\_ Date \_\_\_\_\_