We would like to kindly ask you to fill out this form and hand it in on your first visit. All information will be classified and will only be used for your personal medical file at Chiropractie Leiden.
Thank you for your cooperation.

Personal data

Name ..... Initials .....

(for married women, please also your maiden name)

Address .....

Zipcode ..... Town/City .....

Home telephone number ..... Daytime telephone number .....

E-mail address .....

Date of birth ..... Occupation .....

Health Insurance Company ..... Contract number .....

(if we put this information in the system, it will appear on the Chiropractie Leiden payment receipts)

General Practioner ..... Town/City .....

Have you ever been treated for this complaint before? (name please) :

❒ G.P.
❒ physical therapist
❒ exercise therapist
❒ homeopathic doctor
❒ surgeon
❒ alternative health provider
❒ foot therapist
❒ manual therapist
❒ neurologist
❒ acupuncturist
❒ orthopedist
❒ other .....

Who referred you to our practice?

❒ telephone directory
❒ information evening
❒ internet
❒ phone book
❒ newspaper ad
❒ family member, friend, colleague
❒ my G.P.
❒ another therapist/doctor (name) .....

Would you like your chiropractor to send your g.p. or therapist a report of findings, description of your treatment and progress at Chiropractie Leiden? (It is complimentary and free of charge).

❒ Yes. Please send it to: .....
❒ No thanks.

When did your present complaints first manifest? .....

.....

.....

.....

Check your main complaints. When did they first manifest themselves?

General
❒ Allergies
❒ Seizures
❒ Numbness
❒ Dizziness
❒ Fainting
❒ Headaches
❒ Nerve pain

Skin
❒ Dry skin
❒ Skin irritation
❒ Varicose vains
❒ Bruises

Other
❒ Emphysema
❒ Thyroiditis
❒ Gout
❒ Ulcer
❒ Cancer
❒ Heart problems
❒ Miscarriages
❒ Bronchitis
❒ Tuberculosis
❒ Diabetes
❒ Excema
❒ Arthritis
❒ Multiple Sclerosis
❒ Polio
❒ Stroke
❒ Alcoholism
❒ Anemia
❒ Appendicitis
❒ Rachiatis

Stomach and Viscera
❒ Colon problems
❒ Constipation
❒ Stomach pain
❒ Diarrhea
❒ Difficult digestion
❒ Gallbladder problems
❒ Liver problems
❒ Hemorrhoids

Muscles and Joints
❒ Inflammation of joints
❒ Mucus fair inflammation
❒ Foot problems
❒ Lumbar pain
❒ Pain or stiffness in neck
❒ Pain in between shoulder blades
❒ Sciatica
❒ Herniated disc

Urinary Tract
❒ Enuresis
❒ Blood in urine
❒ Excessive urination
❒ Kidney stones
❒ Inflammation of kidneys
❒ Prostate problems
❒ Painful urination
❒ Poor bladder control

Heart and Blood Vessels
❒ High blood pressure
❒ Low blood pressure
❒ Pain in heart area
❒ Poor circulation
❒ Rapid pulse
❒ Slow pulse
❒ Swelling of ankles

Respiratory Tract
❒ Pain in the chest
❒ Chronic coughing
❒ Difficulty breathing
❒ Blood coughing
❒ Coughing of mucus
❒ Wheezing or panting

Eyes, ears, nose and throat
❒ Asthma
❒ Cold
❒ Deafness
❒ Ear pain
❒ Eye pain
❒ Stuffy nose
❒ Nose bleeds
❒ Nasal inflammation

Pain and numbness in
❒ Shoulders
❒ Arms
❒ Elbows
❒ Hands
❒ Hips
❒ Legs
❒ Knees
❒ Feet

For female patients
❒ Inflammation of breasts
❒ Cramps/pain in the back
❒ Painful menstruation
❒ Excessive menstruation
❒ Menopausal problems
❒ Irregular menstruation
❒ Nodules in breast(s)
❒ Excessive vaginal discharge

Surgeries

Type/date:

Accidents

Type/date:

Do you take medicine?

Name/what for:

Exams	**Never**	**Date**	**Where**
Urine test	❒		
X-ray/MRI/Scan	❒		
Blood test	❒		
Chiropractic examination	❒		
Heart exam	❒		

Routines	**a lot**	**normal**	**little**	**none**
Appetite	❒	❒	❒	❒
Coffee intake	❒	❒	❒	❒
Alcohol intake	❒	❒	❒	❒
Exercise	❒	❒	❒	❒
Sleep	❒	❒	❒	❒

Smoking (per day)

Do you use: ❒ Orthotic supports ❒ Heel raise ❒ Other