KAWARTHACARE
Wellness Centre

282 Kent St. West, Lindsay, Ontario, K9V 2Z6
P: 705-878-8558 F: 705-878-9057 www.kawarthacare.com

Patient Intake Form Version 0714

Intake Form

Identification:

(•) Mrs. ( ) Miss. ( ) Ms. ( ) Mr. ( ) Dr.

First Name _____ Initials _____ Occupation _____

Last Name _____ Employer _____

Date of birth *(DD/MM/YY)* _____ Height _____ Weight _____ Age _____

Contact information:

Street address _____ Home phone _____

City _____ Province _____ Cell phone _____

Postal Code _____ Work phone _____

Email _____ Call me first at: (•) Home ( ) Cell ( ) Work

Emergency contact (Name) _____ Emergency phone _____

Family physician:

Name _____ Phone _____

Address _____

Do you have extended health care ?

(•) No ( ) Yes (check all that apply) : [ ] Acupuncture [ ] Chiropractic [ ] Compression Hosiery [ ] Massage Therapy [ ] Orthotics

Location of your visit:

(•) Lindsay ( ) Bobcaygeon

Reason for your visit:

[ ] Emergency [ ] Recent injury [ ] Chronic pain

[ ] Wellness [ ] Past injury

Is the pain or discomfort getting worse?

( ) Yes [ ] Constant pain

(•) No [ ] On occasion

If you are dealing with an injury:

Where did it occur?

[ ] Work [ ] Sports/Play

[ ] Home [ ] Car accident

Other : _____

When did you first notice the injury? _____

Explain briefly what happened, and what you did to remedy the injury, if applicable (treatment, medication, etc.):

Are you experiencing pain?

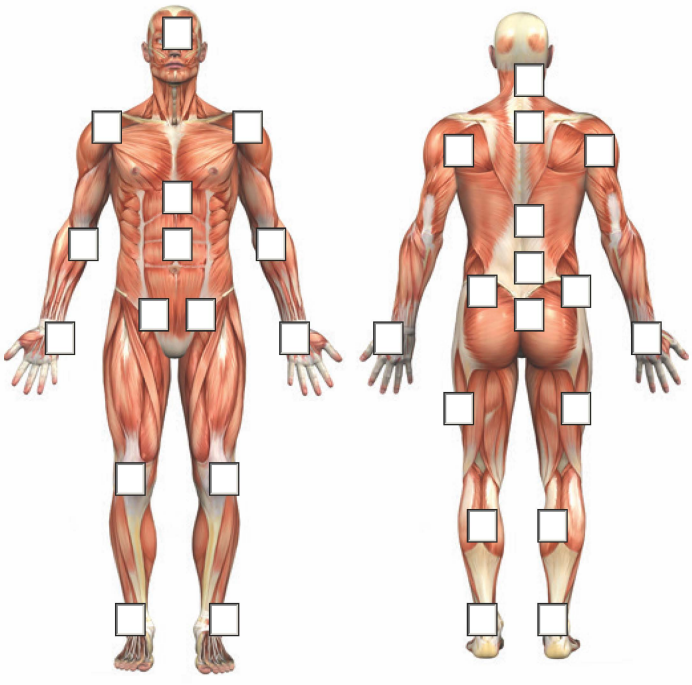
(•) No ( ) Yes

If you answered yes, how would you rate your pain on a scale of 1 to 10? (0 = no pain)

(•) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 ( ) 9 ( ) 10

To help us better prepare, please indicate the approximate spot(s) where you are experiencing pain or discomfort. Fill in the boxes with the following letters:

A: aching **B**: burning **S**: sharp/shooting **D**: dull **F**: fatigue **N**: numbness



Health History

How would you rate the following habits?

	None	Light	Moderate	Heavy
Exercise	◉	○	○	○
Sleep	◉	○	○	○
Smoking	◉	○	○	○
Alcohol	◉	○	○	○
Appetite	◉	○	○	○
Drinking water	○	○	○	○
Sugary foods	○	○	○	○
Salty foods	○	○	○	○
Prescription drugs	○	○	○	○

Please report any family history of disease:
For example: diabetes, heart disease, cancer, high blood pressure, etc.

Are you currently taking any medication, prescribed or otherwise? Please detail:

Conditions

Check where applicable:

	Currently	Recently	Long Ago	*Comments (optional)*
Allergies	☐	☐	☐	
Arthritis	☐	☐	☐	
Asthma	☐	☐	☐	
Cancer	☐	☐	☐	
Depression	☐	☐	☐	
Difficult urination	☐	☐	☐	
Digestive issues	☐	☐	☐	
Dizziness	☐	☐	☐	
Fainting spells	☐	☐	☐	
Headache	☐	☐	☐	
High blood pressure	☐	☐	☐	
Joint swelling	☐	☐	☐	
Low blood pressure	☐	☐	☐	
Osteoporosis	☐	☐	☐	
Painful menstruations	☐	☐	☐	
Ringing ears	☐	☐	☐	
Scoliosis	☐	☐	☐	
Venereal disease	☐	☐	☐	

Have you ever:	No	Yes	**If yes, please explain briefly**
Fractured one or more bones?	☐	☐	
Been hospitalized?	☐	☐	
Been involved in a car accident?	☐	☐	
Been passed out or struck unconscious?	☐	☐	
Had surgery or a major operation?	☐	☐	

How did you hear about our clinic ?

Referral by : ☐ Doctor ☐ Advertising ☐ Website Other (please specify) :

Please review the information you have provided.
Do not hesitate to call us if you have any questions about our services, or need clarification on any of the questions in this form. Our number is 705-878-8558.

1. I understand the above information and guarantee this form was completed to the best of my knowledge.
2. I understand that it is my responsibility to inform a staff of Kawartha Care of any changes in my medical status.
3. I understand and agree that health/accident insurance policies constitute an arrangement between my insurance provider and myself.
4. I understand and agree that all services rendered and charged to me are my personal responsibility for timely payment.

PRINT NAME

SIGNATURE

DATE *(DD/MM/YY)*

Please print the completed form,
or email us the saved PDF at:
info@kawarthacare.com

Privacy statement: Kawartha Care is committed to protect your privacy, including the personal information you provide to us. Please rest assured that our patient profiles are always kept confidential, and that we strive to ensure the security and confidentiality of our services at all times.