

Canton Dale Chiropractic



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Name _____ Date _____
Address _____ Cell/Home Phone _____
City, State, Zip _____ Birthdate _____
Male/Female Age _____ SS# _____ Email _____
Occupation _____ Employer _____
Marital Status: M W D S Spouse/Partner Name _____
No# of Children _____ Emergency Contact Number _____

1. Many patients are referred to our office by a family member or friend. What or who made you decide to visit our office?

2. Science tells us your spine should be cared for regularly. How often do you get adjusted by a chiropractor?
 Frequently only when you hurt 1 x monthly never
3. When was your last complete spinal examination including x-rays? _____ Never
4. Do you know if you have a spinal curvature, spinal arthritis, or inherited spinal problem? Yes No
5. Over time spinal misalignments will cause arthritis and degeneration which results in grinding or cracking to be heard when you move your neck or back. Do you hear these sounds when you move your head or neck?
 Yes No
6. If your spine is out of alignment for a long time it can make you feel like you need to twist, stretch, or crack your neck or back. Do you often feel the need to crack or pop your neck or lower back?
 Yes No
7. Poor posture leads to poor health and early death. How would you rate your posture?
Poor 1 2 3 4 5 6 7 8 9 10 Excellent

8. Stress will cause you to accelerate spinal damage. Rate your stress level over the last 3 months.

Calm/Relaxed 1 2 3 4 5 6 7 8 9 10 Very tense/Tight

9. Please circle or list any health symptoms or health complaints you are experiencing.

- Neck pain L/R Arm pain/Numbness L/R Asthma
 Thyroid Ringing in ears Leg pain/numbness L/R Cancer
 Allergies: _____
 Mid-back pain L/R Headaches/Migraines Constipation
 Lower-back pain L/R Diabetes I/II Dizziness Menstrual pain

10. Prescription medications cause various side effects, hide the severity of health problems, and may hinder the body's ability to heal. What medications are you currently taking? (use back if necessary)

1. _____ 2. _____ 3. _____

11. Please list any surgeries you have had:

12. Daily trauma, auto accident(s), and work injuries can cause serious spinal problems.

When was your most recent injury at home? _____

Prior Car accidents? _____

Slip or fall? _____

13. Spinal health is vitally important to ensure a healthy pregnancy. Is there a chance you are pregnant? Yes No

14. Do you smoke? Yes No

15. Improper sleeping positions can cause spinal damage; what sleeping position do you sleep in?:

Back Stomach R Side L Side

16. Exercise level: Never 1 2 3 4 5 6 7 8 9 10 6x @wk

18. Please list vitamins/supplements you take: _____

19. If the doctor identifies your spine to be misaligned, are you committed to follow the recommendations to correct your problem completely? Yes No

Auto Accident Details:

1. Date of injury: _____

2. Wearing Seatbelt? Yes No

3. Position in car? _____

4. Did you hit your head? Yes No

5. Did you feel pain right away? Yes No

If no, when did it begin? _____

6. Were you taken by ambulance? Yes No

7. Have you seen your primary doctor for any accident-related injuries? Yes No

8. Have you had pain in the same areas before? Yes No

The above information is true and accurate to the best of my knowledge.

Patient Signature (Parent/Guardian): _____ Date: _____