

# 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?

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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? \_\_\_\_\_

Car accident? \_\_\_\_\_

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 (times per week): Never 1 2 3 4 5 6 7

18. Please list vitamins/supplements you take: \_\_\_\_\_

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

Patient Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_