

Helena Valley Chiropractic
 3b 160 Scott Street
 Helena Valley WA 6056

9255 1052

Welcome Form – Remedial Massage

Name _____
 Address _____
 Suburb _____ State _____ Post Code _____
 Phone _____ Mobile _____
 Email Address _____
 Are you happy to have correspondence sent to this address? Yes/ No
 Sex _____ Date of Birth _____ Age _____ Marital Status _____
 Occupation _____
 Private Health Fund _____
 Female Clients: Are you pregnant? Yes/ No
 Do you have children? _____ Age(s): _____
 List a contact in case of emergency:
 Name _____ Phone _____
 Address _____
 How did you hear about us? Advertising Referral from other Client or Practitioner _____

Client & Family History

Condition	Client	Relation
Asthma	Y/N	Y/N
Allergies	Y/N	Y/N
Epilepsy	Y/N	Y/N
Blood pressure (high/low)	Y/N	Y/N
Heart disease	Y/N	Y/N
Cancer	Y/N	Y/N
Diabetes	Y/N	Y/N
Skin conditions	Y/N	Y/N
Other	Y/N	Y/N

Condition	Yes	No	Condition	Yes	No
Thrombosis			Skin Problem		
Osteoporosis			Tinea		
Varicose Veins			Headaches/Migraines		
			Cuts/Bruises/Bleeding		

Operations/ Injuries

Have you had any operations in the last 12 months?	Yes/ No	If yes, please give details:
Have you ever had a fracture?	Yes/ No	If yes, please give details:

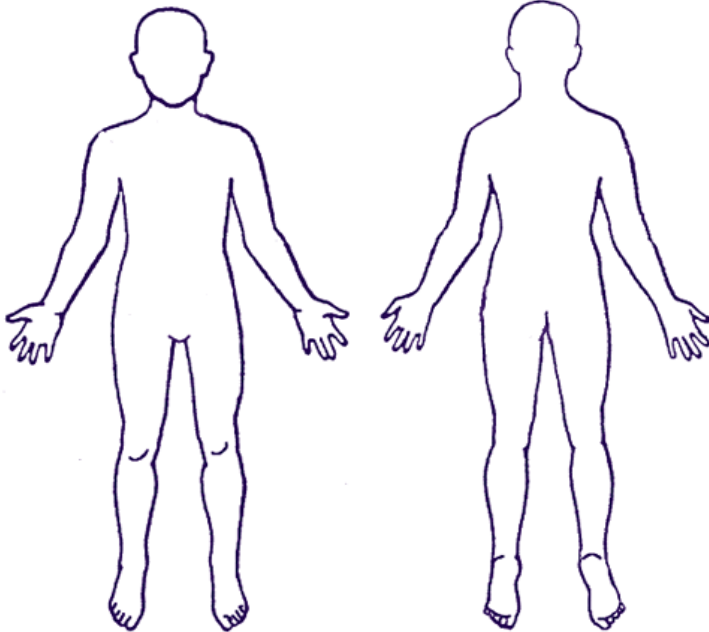
Are you currently receiving treatment from:	Chiropractor etc	Physiotherapist	Other
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If yes, please give details:

Please circle problem area(s)

Front

Back



I confirm that to the best of my knowledge the answers I have given are true and correct.
 With respect to the practitioners' time and other prospective clients need for treatment, cancellations are required 48 hours before consultations or a late cancellation charge may apply.

Signed..... Date.....

Print Name.....