

**Confidential Patient Health Record** *(All information will be treated with the strictest privacy and confidentiality)*

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Title:** Dr / Mr / Mrs / Ms / Miss *(Circle)*

**Passport/ IC No.:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:**  Male  Female

**Marital Status:** S / M / D / W **Languages Spoken:** English / Mandarin / Malay / Cantonese / Hokkien / Tamil / Japanese / Others

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone: (HP)** \_\_\_\_\_ **(Office)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Race:** Malay / Chinese / Indian-Sikh / Caucasian / Others **Religion:** Muslim / Buddhist / Taoist / Christian / Hindu / None / Others

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_

**Children's Names and Ages:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Whom may we thank for referring you?** Friends \_\_\_\_\_ / Doctor \_\_\_\_\_

**Where did you hear about us?** Brochure / Yellow Pages / Talks / Exhibition / Website / Newspaper / Others: \_\_\_\_\_

***Experience with Chiropractic***

Have you been adjusted by a Chiropractor before?  No  If Yes, Doctor's name: \_\_\_\_\_

Approximate date of last visit: \_\_\_\_\_ Reason for the visit: \_\_\_\_\_

Has any child or adult in your family seen a Chiropractor?  No  If Yes, Doctor's name: \_\_\_\_\_

***Awareness of Chiropractic Principles***

Did you know that...

- Doctors of Chiropractic work with the nervous system and the spine?  Yes  No
- The nervous system controls all bodily functions, organs, cells and systems of the body?  Yes  No
- Chiropractic is the largest **natural** healing profession in the world?  Yes  No
- Chiropractic treatment is safe, gentle, precise, drug-free and without surgery?  Yes  No
- If Chiropractic care starts at birth, you can achieve a higher level of health throughout life?  Yes  No

**Consent to Treatment / Examination**

I hereby give my consent to the doctors, associate doctors and assistants from Chiropractic First Clinics to perform a thorough examination, which includes a radiological exam, and administers appropriate and necessary chiropractic treatment and physiotherapy on/for me.

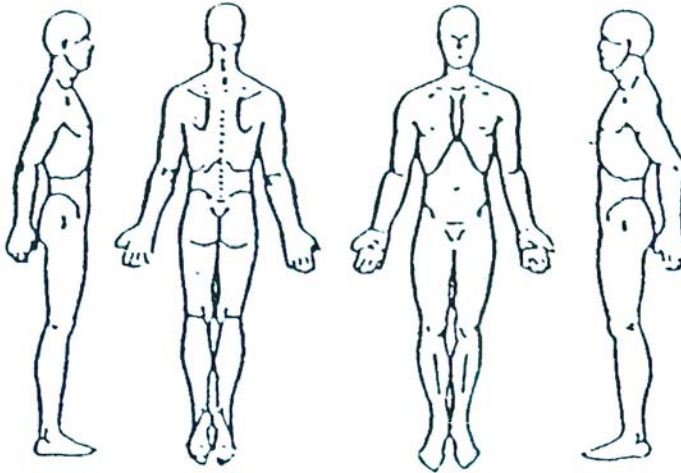
Guardian/Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Registered: \_\_\_\_\_ Registration Date: \_\_\_\_\_

***"Subluxations can put pressure on the nerves for a long time even before you feel it."***

Your **HISTORY and DETAILS** will help our doctors to understand and make better examination and diagnosis for you. Please provide details below. 在以下的问题详细列下您的质料，有助于医生对您病情的了解。

**Please indicate your area(s) of pain:**



**Medications Currently Taking**

列下你所服用的药物:

- Pain Killers (Including Aspirin) 止痛药
- Muscle Relaxants 舒筋药
- Anti-Inflammation 消炎药
- Anti-Depression 忧郁症药物
- Stimulants 兴奋剂
- Blood Thinners 淡血药物
- Insulin 胰岛素
- Tranquilizers 镇静剂
- Blood Pressure Medicine 高血压药物

Others: \_\_\_\_\_

**\* Please list your Spine / Health problems in order of severity below: 已次序排列，写下您最严重的病状:**

1) \_\_\_\_\_ For How long? 多久? \_\_\_\_\_  Comes and Goes  Constant

Is the pain sharp / dull / burning / aching? What makes it better? \_\_\_\_\_ or worse? \_\_\_\_\_

How did it happen?  Old problem  Don't know **Injuries:**  At Home  Sports  At Work  Car Incident  Fall  Explain:

2) \_\_\_\_\_ For How long? 多久? \_\_\_\_\_  Comes and Goes  Constant

Is the pain sharp / dull / burning / aching? What makes it better? \_\_\_\_\_ or worse? \_\_\_\_\_

How did it happen?  Old problem  Don't know **Injuries:**  At Home  Sports  At Work  Car Incident  Fall  Explain:

3) \_\_\_\_\_ For How long? 多久? \_\_\_\_\_  Comes and Goes  Constant

Is the pain sharp / dull / burning / aching? What makes it better? \_\_\_\_\_ or worse? \_\_\_\_\_

How did it happen?  Old problem  Don't know **Injuries:**  At Home  Sports  At Work  Car Incident  Fall  Explain:

4) \_\_\_\_\_ For How long? 多久? \_\_\_\_\_  Comes and Goes  Constant

Is the pain sharp / dull / burning / aching? What makes it better? \_\_\_\_\_ or worse? \_\_\_\_\_

How did it happen?  Old problem  Don't know **Injuries:**  At Home  Sports  At Work  Car Incident  Fall  Explain:

5) \_\_\_\_\_ For How long? 多久? \_\_\_\_\_  Comes and Goes  Constant

Is the pain sharp / dull / burning / aching? What makes it better? \_\_\_\_\_ or worse? \_\_\_\_\_

How did it happen?  Old problem  Don't know **Injuries:**  At Home  Sports  At Work  Car Incident  Fall  Explain:

The Nervous System controls and regulates all the functions of every organs and cells in the body. **SUBLUXATION (misalignment) and injuries to the spine can lead to many signs and symptoms that commonly affect people. Please tick any of the following symptoms you have experienced at any time in the past twelve months:**

当我们的脊椎骨“移位”，我们的神经系统就会受到影响，导致身体的某个部位出现疼痛 请在你有的病状下打个勾:

### **Cervical (Neck) 颈椎**

**Those nerves also affect over the head, ears, and sinuses causing symptoms listed below:**

- Headaches / Migraine 头疼 / 偏头疼** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_  
Location? \_\_\_\_\_ What makes it better/worse? \_\_\_\_\_
- Dizziness 头晕** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_  
What makes it better/worse? \_\_\_\_\_
- Ringling in Ears 耳鸣** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_  
Which ear? \_\_\_\_\_ What makes it better/worse? \_\_\_\_\_
- Recurrent Flu / Sinus** How frequent? When? Duration? \_\_\_\_\_
- Neck Pain / Stiff Neck 颈项酸痛 / 僵硬** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_ Where? \_\_\_\_\_  
What makes it better/worse? \_\_\_\_\_ Type of pain: Sharp/numbness/dull/ache/burning? \_\_\_\_\_
- Shoulder Pain / Numbness 肩膀痛 / 酸** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_ Where? \_\_\_\_\_  
What makes it better/worse? \_\_\_\_\_ Type of pain: Sharp/numbness/dull/ache/burning? \_\_\_\_\_
- Shoulder Tense / Stiff 肩膀紧绷 / 僵硬** How often? Left/Right? \_\_\_\_\_
- Numb / Tingling in Arms or Hands 手臂手指麻 / 痛** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant How long do they last? \_\_\_\_\_ Where? \_\_\_\_\_  
What makes it better/worse? \_\_\_\_\_

### **Thoracic (Mid Back) 背部脊椎**

- Pain Between Shoulder Blades 腋下背酸 / 痛** When did it first start? \_\_\_\_\_  
How often? Everyday, On & Off, Constant. How long do they last? \_\_\_\_\_ Where? \_\_\_\_\_  
What makes it better/worse? \_\_\_\_\_ Type of pain: Sharp/numbness/dull/ache/burning? \_\_\_\_\_
- Breathing Problems /Asthma 呼吸不顺畅** How long? When? Duration? \_\_\_\_\_
- Chest /Ribs Pain 胸口痛/紧/不顺畅** How often? Left/Right? \_\_\_\_\_
- Digestive/Gastric Problems 消化系统不良** Bloating/Gas/Indigestion/Heartburn \_\_\_\_\_

### **Lumbar (Low Back) 腰部脊椎**

- Low Back Sour / Pain / Ache 腰下背酸 / 痛** How long? Comes and goes? Constant? \_\_\_\_\_
- Hip Pain (Left/Right/Both) 臀部疼痛 (左/右)** How long? Comes and goes? Constant? Left/Right? \_\_\_\_\_
- Numb/Tingling/Pain in Legs or Feet 脚 / 脚跟麻 / 痛** How long? Comes and goes? Constant? Left/Right? \_\_\_\_\_
- Bowel Movements 便秘** Any constipation? \_\_\_\_\_
- Frequent Urination 小便次数多** \_\_\_\_\_
- Fertility Problems** \_\_\_\_\_

*“Chronic bad posture at the workplace can put a large stress on your spine”*

### **Workplace**

**What is your present occupation? How long? 现在从事什么工作? 有多久了?**

\_\_\_\_\_

**What is your past occupation? How long? 以前从事什么工作? 有多久了?**

\_\_\_\_\_

**Nature of Work Involved 工作性质** [ ] Sitting 坐 [ ] Sitting in front the computer 坐在电脑前面  
[ ] Standing 站 [ ] Walking 走 [ ] Bending 弯腰 [ ] Lifting heavy objects 提重物

***"Injuries, big or small, cause vertebral subluxation which then manifest as symptoms like pain, numbness, stiffness, or organ dysfunction"***

## Injuries

Have you had any injuries or accidents while at work? How long ago? 工作时期是否有受过伤? \_\_\_\_\_

What sports exercises or games do you play? 你有做什么运动?

Current 现在 \_\_\_\_\_ Past 以前 \_\_\_\_\_

Have you had any sports injuries or accidents outside of work? 除了工作以外你是否有受过伤? \_\_\_\_\_

Any serious injuries at home e.g. slips or falls? 你在进几年内是否有过在家里严重的受伤? 比如, 跌倒。 \_\_\_\_\_

Motor vehicle accidents? How long ago? 车祸? 多久以前? \_\_\_\_\_

Do you recall any significant falls or accidents or injuries as a child / teenager?

***(Research shows that by the age of 12, children have had over 400 traumas to their spine)***

你在童年/少年时, 是否有过车祸, 跌倒, 扭伤等意外? \_\_\_\_\_

Have you had any hospitalizations, operations or surgeries in your lifetime? 你是否有动过手术? 请详细说明: \_\_\_\_\_

Broken bones / Reconstructions: \_\_\_\_\_

## Any of the health conditions listed below:

Stroke 中风

Allergies 药物 / 皮肤敏感

Heart Attack / Heart Problems 心脏疾病

Weight Problems 体重问题

High/ Low Blood Pressure 低 / 高血压

Diabetes / Kidney Problems 肾 / 糖尿病

Liver Problems 肝病

Cancer/ Tumor 癌症 / 肿瘤

Psychiatric Problems 精神病

**Women only:** Are you pregnant / nursing? (circle)  Yes  No  
是否怀孕

Do you have irregular cycles?  Yes  No  
月经是否准确

Are you taking birth control pills?  Yes  No  
是否有服避孕药

Do you experience painful periods?  Yes  No  
月经是否疼痛

Do your health problems affect your daily activities? 你的病痛是否影响您的生活习惯? (Please tick below)

[ ] Difficulty sleeping 失眠

[ ] Tiredness / Fatigue 容易疲惫

[ ] Nervousness / Depression 容易紧张 / 焦虑

Does this cause you to be:

Moody/Irritable?

Have interrupted sleep?

Restricted in daily activities?

How does this affect your work?

In decision making?

Resulting in a poor attitude?

Result in decreased productivity?

Are you exhausted at the end of the day?

How does this affect your life?

Do you lose patience with your spouse and/or children?

Are you restricted in household duties?

Is your ability to exercise or participate in sport hindered?

Does it interfere with your ability to participate in hobbies or other desired activities?

## Lifestyle

Do you 你是否有 (Please tick 请打勾)

[ ] smoke 吸烟

Packs per day/week: \_\_\_\_\_

[ ] drink alcohol 喝酒

Drinks per day/week: \_\_\_\_\_

[ ] drink coffee 喝咖啡

Cups per day: \_\_\_\_\_

How many hours do you sleep? 睡眠量 \_\_\_\_\_ / day

Spend at work? 在工作上? \_\_\_\_\_ / week

Do you exercise regularly? 运动量  No  Moderate

Daily Type of exercise(s): \_\_\_\_\_

Do you wear: 通常穿什么类型的鞋  High Heels  Foot Orthotics  Heel Lifts  Arch Supports