Union Wellness Centre

100-130 Regina St S., Waterloo, Ontario N2J-4P9

Greg J. Moses, B.P.E., D.C. Catherine Hildebrand, BSc., BEd, D.C.

PATIENT INTRODUCTION

NAME _______________________________ HOME PHONE ( ) _____________________

ADDRESS ____________________________ BUS. PHONE ( ) _____________________

____________________________ EXT. _____________________

____________________________ Email Address: _________________________________

DATE OF BIRTH DD ___ MM ___ YR ___ GENDER M ___ F ___

OCCUPATION ________________________

REFERRED BY ________________________

HAVE YOU SEEN ANOTHER CHIROPRACTOR WITHIN THE PAST YEAR? Y _____ N _____

NAME OF MEDICAL DOCTOR:____

MAJOR COMPLAINT OR REASON FOR VISIT:

____

OTHER COMPLAINTS OR CONCERNS:

____

LIST PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING, IF ANY:

____

LIST NATURAL SUPPLEMENTS OR HERBS YOU ARE CURRENTLY TAKING, IF ANY:

____

SIGNATURE ________________________________