

Patient Information

The human body is designed to be healthy. This case history will help uncover layers of damage that may have reduced function and contributed to poor health. Following your exam, a personalised program can be designed to correct these layers of damage and restore your health.



Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Phone (Home)	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Marital Status	<input type="text"/>	No. of Children	<input type="text"/>
		Occupation	<input type="text"/>
Employer	<input type="text"/>		Work Phone
	<input type="text"/>		
Who recommended us?	<input type="text"/>		
Health Cover	Self <input type="checkbox"/>	Health Fund <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>
		Worker's Comp <input type="checkbox"/>	DVA <input type="checkbox"/>

List Major Complaints	Date of Current Onset	If ongoing condition when was original event	* See legend below to complete box			
			Character	Intensity	Frequency	Activity
1.						
How did this condition start?						
2.						
How did this condition start?						
3.						
How did this condition start?						

Circle area(s) of concern	* Legend
	<p>Character (C) Cramping (D) Dull Ache (S) Sharp /Stabbing Pain (B) Burning (N) Numb/Tingling (T) Throbbing (O) Other</p> <p>Intensity Rate from 0 (no pain) to 10 (worst pain imaginable)</p> <p>Frequency Rate from 0 (none of the time) to 10 (all of the time)</p> <p>Activity Rate how activities have been affected from 0 (no limitations) to 10 (severely limited)</p>