



Vancouver West Chiropractic  
300-2245 West Broadway, Vancouver , BC, V6K 2E4  
604-732-0664 drspence@telus.net

## Initial Patient Health Questionnaire

Date

Last Name    First Name    Initial  
Address  
Phone / Res    Bus    email  
Date of Birth    Age    Occupation    MD  
How did you choose this office?

**Please Read the Following Questions and Respond Appropriately**

Indicate the main reason you are seeking Chiropractic care

How long have you had the present problem?

How did the problem begin?

Does the problem restrict activities?

Are you receiving or have you received other treatment for this current problem?     yes     no

If yes, please specify

Is this an ICBC case?  Yes  No    Is this a WCB case?     Yes  No    Date of injury

Is the problem related to a personal injury (i.e. fall, sports, etc...)

Are you taking any medication?  Yes  No    If yes, what types?

Are you taking any vitamin supplements?     Yes  No If yes, what types?

Have you ever been knocked unconscious?  Yes  No    If yes, when and how?

Have you sustained any other injuries or undergone any surgeries?  Yes  No                          If yes give details.

Have you had X-rays taken in the past  Yes  No    If yes, what types?

Please list any other conditions or symptoms (past or present) that you feel are relevant to your current problem.