YOUR INFORMATION

Last Name	First Name	
Date of Birth	Guardian Name (if under 18)	
Street Address		
City / Town	Postal Code	Phone
Occupation		
How did you hear about us?		

Yes, I have insurance with ❍ Manitoba Blue Cross ❍ Other

❍ No, I don't have insurance

YOUR MEDICAL HISTORY

Family Physician	Other Practitioners
Number of pregnancies	Allergies

❍ Headaches / Migraines
❍ Anxiety / Depression
❍ Visual impairment
❍ Hearing impairment
❍ Chronic pain
❍ Diabetes
❍ Respiratory Condition
❍ Circulatory condition
❍ Neurological condition
❍ Lymphatic condition
❍ Thyroid condition
❍ Digestive condition
❍ Cancer
❍ Arthritis
❍ Osteoporosis
❍ Skin conditions
❍ Heart condition
❍ Other:

Surgeries

Medications & Herbal Supplements

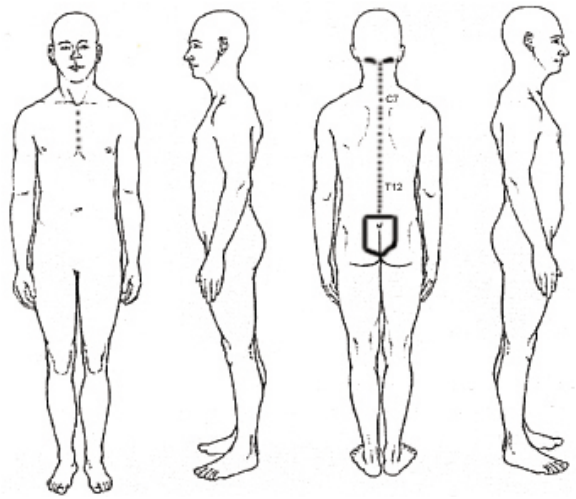
Sleep Quality ❍ Bad ❍ Okay ❍ Excellent

Current level of Pain Least 1 2 3 4 5 6 7 8 9 10 Worst

PLEASE TURN PAGE TO FINISH FORM

YOUR REASON FOR BEING HERE

Your concerns / pains / discomforts.
Feel free to draw on the little man all areas bothering you.



EMERGENCY CONTACT

Name	Relationship

CONSENT TO TREATMENT

The information that I have provided is true and to my best knowledge. I agree with the Cancellation Policy. I consent to this file being shared with other Health Care Professionals if required.

Signature	Date

CANCELLATION POLICY: I can cancel my appointment online, by phone, e-mail or in person 24 hours prior to my treatment. Failing this 24-hour-cancellation notice may result in a full treatment fee. Missed appointments without notice will be charged the full treatment price. This fee is to be paid prior to my next scheduled appointment. Consideration will be given upon circumstance.

Noricum Manual Therapy, Morden, MB