



**D.A. Springer, B.Sc., D.Ch., FRSH  
Chiroprapist/Foot Specialist**

**New Patient Consultation**

Patient name:

DOB:

Ht

Wt

Shoe size

Address

City/Town

Ph. (Home)

Bus.

Cel

Apt.

Postal Code

Occupation

Employer

Are you or your spouse covered under any additional type of medical insurance that covers prescriptions, eyeglasses or dental eg: Great West Life, Blue Cross, Aetna, etc.?

Yes

No

MD

Address

Ph.

How did you hear about us?

Name of referring family/friend/patient/newspaper/Yellow Pages/radio/TV/insurance company/employer/other:

Medications \_\_\_\_\_

Do you regularly take: blood thinners? (Aspirin, Coumadin, Vitamin E), Cortisone or other steroids?

Yes

No

Medication/substance allergies:

Latex Tape Iodine IVP Dye Shellfish (check all that apply)

Have you ever taken a medication that caused a skin rash, facial swelling, or difficulty breathing, vomiting, nausea, dizziness, diarrhea, or headache? Y / N If yes, please list medication name and reaction:

Yes

No

Have you ever had trouble with spinal, general, or local anesthesia? Y / N If yes, please explain:

Yes

No

Family history: mother/father/brother/sister: diabetes/heart disease/cancer/high BP/other:

Past/current medical history (check all that apply)

Diabetes (controlled by: insulin/pills/diet)

Surgical complications

Heart attack/leaky valve

Irregular heartbeat/congestive heart failure

High BP/stroke

Cancer (type)

Epilepsy

High cholesterol

Poor circulation/varicose veins

Osteoarthritis/rheumatoid arthritis Cirrhosis/hepatitis A,B,C

Degenerative joint disease/gout

Stomach/bowel problems

HIV/AIDS

Asthma/bronchitis/COPD bladder/kidney/urinary trouble

Parkinson's

Alzheimer's

Headaches/depression/anxiety

Skin trouble/rashes

Leg/foot sores/ulcers

Dentures/glasses

Thyroid trouble

Joint replacement

Bleeding problems/anemia

Blood clots

Slow wound healing

Hay fever/allergies

Autoimmune Disease(s)

Other

