Practice Name:
Practice Address:

Case History Update (CE)

All information contained in this questionnaire is strictly confidential.

Name:	**Date of Birth:**	**Date of last visit:**
Address:		
Phone: (H)	**(W)**	**(M)**
Email Address:	**Occupation:**	
Next of Kin: **Contact Number:**		
Are you a member of a health fund? Please ✓ ☐ Yes ☐ No		
If Yes, please provide name of health fund:		

Describe your present major complaint/s or symptom/s			
Are these symptoms the same as we adjusted for you previously? Please ✓ ☐ Yes ☐ No			
When did these symptoms start this time?			
What caused your present symptoms to start this time? Please ✓			
☐ Fall	☐ Strain	☐ Illness	☐ Mental Stress
☐ Lifting	☐ Industrial accident	☐ Auto accident	☐ Other
If Other, please describe:			
Since your present symptoms started have they been: Please ✓			
☐ Getting progressively worse	☐ Gradually getting better	☐ Staying about the same	☐ Seems to come and go
Have you consulted anyone else about your present symptoms? Please ✓ ☐ Yes ☐ No			
If Yes, when?			
Was it a: Please ✓			
☐ GP	☐ Chiropractor	☐ Specialist	☐ Physiotherapist ☐ Other

Are you presently taking medication, drugs or vitamins? Please ✓ ☐ Yes ☐ No	
If Yes, Type?	Condition/Reason
Type	Condition/Reason

Since your last visit have you had any of the following: Please ✓	
Motor vehicle accident ☐ No ☐ Yes When?	Sporting or other accident ☐ No ☐ Yes When?
Operations ☐ No ☐ Yes When?	Serious illness ☐ No ☐ Yes When?

Is there anything else you think we should know about? Please ✓ ☐ Yes ☐ No	
If Yes, please describe:	

Today's Date:	**Signature:**

Your Chiropractor is available to speak at clubs, events, sports teams, schools and in private homes. For further information, please ask any of your chiropractic team members.

Thank you for the time it took you to fill out this form!