Anatomy in Motion

This form can either be completed online or you can print a hard copy and return it by post or email.

Please note: for the best experience, it is recommended to download this interactive form to your device and use Adobe Acrobat Reader to view and fill in. Acrobat Reader is a free pdf viewer and is available to download for Mac, PC, iOS, Android and Windows Phone here: https://www.adobe.com/uk/acrobat/pdf-reader.html

Today's Date: ______________________

First Name: ______________ Middle Initial: ______ Surname: ______________

Date of birth: ______________ Age: ______________ Sex: M F

Home Phone Number: ______________ Work Number: ______________ Mobile: ______________

Home Address: ______________________

City/Town: ______________ County: ______________ Postcode: ______________

Email Address: ______________________

Occupation: ______________ Previous Occupation: ______________

Marital Status: Married/Partnered Single Widowed Separated Divorced

Partner's Name (if applicable) ______________________

Names and ages of children ______________________

How did you find about this practice? ______________________

Whom may we thank for referring you to this office? ______________________

Have you ever had your spine or nervous system examined professionally? Yes No

If yes, when and by whom? ______________________

Have you received previous chiropractic care? Yes No

If yes, when and by whom? ______________________

Reasons for today's appointment

Briefly describe the area of pain or reduced movement.

Describe the sports or movement this prevents you from doing.

When did you first detect this? ______

Since it started, is it: the same better worse constant?

What makes it worse? ______

What have you tried to make it tolerable? ______

Have you had any traumas, accidents (physical, emotional, chemical) that is related to your health concern?

______

Any other traumas, accidents not already mentioned? ______

Other medics/healthcare professionals/therapists you have seen for this and what was done?

______

Chemical History

List all chemicals you are taking and their purpose (include ALL prescriptive and non-prescriptive drugs such as birth control, aspirin etc.)

Have you ever had radiation or chemotherapy? ______

Have you ever had any reactions to medications or vaccinations? ______

Do you have any allergies? (please list):

Do you take any vitamins, mineral supplements? (please list)

Physical History

List all injuries and surgeries. Here are some prompts: broken bones, loss of consciousness, hospitalisation, car accidents, cuts or scars. Especially important are the earliest injuries and those in sensitive places e.g. ears, eyes, mouth, groin.
If possible, talk to your parents to get more information about injuries or surgeries you had as an infant. This list is important, it will help us to track down the cause of your visit and inform how we work during your appointment.

Date ____________________ Type of injury ____________________________________ Left Right Midline

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Consent

I consent to a physical examination and movement patterns. To be signed in person at your consultation.

Signed	Date

If under the age of 16, Parent / Guardian signed	Date

Please tick to indicate your consent and opt in

I understand my records will be held on file for eight years after my last appointment with Vibrant World Chiropractic (or until a child reaches 25 years old) and this is a legal requirement.

Yes, please remind me of upcoming appointments via email or text.

I would like to be told about upcoming events at and news of Vibrant World Chiropractic via email and occasionally by post.

Thank you for choosing our office. We are looking forward to helping you take back control of your health. We are excited at the possibility of assisting you and your family on your journey towards staying well and feeling alive!

Important! After completing the form: **1. Save your form** and then: **2. Click the 'SUBMIT FORM' button** below.

If you are filling in by hand, please scan your completed form and email to info@vibrantworld.co.uk. Alternatively, return by post to Vibrant World Chiropractic, at Castle Street Clinic, 36-37 Castle Street, Guildford, Surrey, GU1 3UQ

You can also use the **'PRINT FORM' button** to print a copy for your own records, if you wish.

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