Helena Valley Chiropractic

Welcome Form – Remedial Massage

First Name_____ Last Name _____
Address_____
Suburb_____ State_____ Post Code_____
Phone_____ Mobile _____
Email Address _____
Sex _____ Date of Birth_____ Age _____ Marital Status _____
Occupation _____
Private Health Fund _____
Female Clients: Are you pregnant? Yes/ No
Do you have children? _____ Age(s): _____
List a contact in case of emergency:
Name_____ Phone _____
Address _____
How did you hear about us? _____
Are you currently taking medication? Yes or No
List medications: Do you Vaccinate _____
On a scale of 1 – 10 How committed are you to resolving your health concern?_____

Client & Family History

Condition	Yes	No
Blood clotting disorders		
Circulatory disorders		
Hepatitis		
Kidney disease		
Anaemia		
Stroke		
Gout		
Arthritis		
Thrombosis		
Osteoporosis		
Varicose Veins		
Skin Problem		
Tinea		
Headaches/Migraines		
Cuts/Bruises/Bleeding		

Condition	Client	Relation
Asthma	Y/N	Y/N
Allergies	Y/N	Y/N
Epilepsy	Y/N	Y/N
Blood pressure (high/low)	Y/N	Y/N
Heart disease	Y/N	Y/N
Cancer	Y/N	Y/N
Diabetes	Y/N	Y/N
Skin conditions	Y/N	Y/N
Other	Y/N	Y/N

Please specify _____
_____

Operations/ Injuries

Have you had any operations in the last 12 months?	Yes/ No	If yes, please give details:
Have you ever had a fracture?	Yes/ No	If yes, please give details:

3b/160 Scott St, Helena Valley 6056, Western Australia
T: (08) 9255 1052
F: (08) 9255 1061
E: admin@helenavalleychiro.com
W: www.helenavalleychiro.com

Liforce Pty Ltd T/A Helena Valley Chiropractic
ACN: 117424807

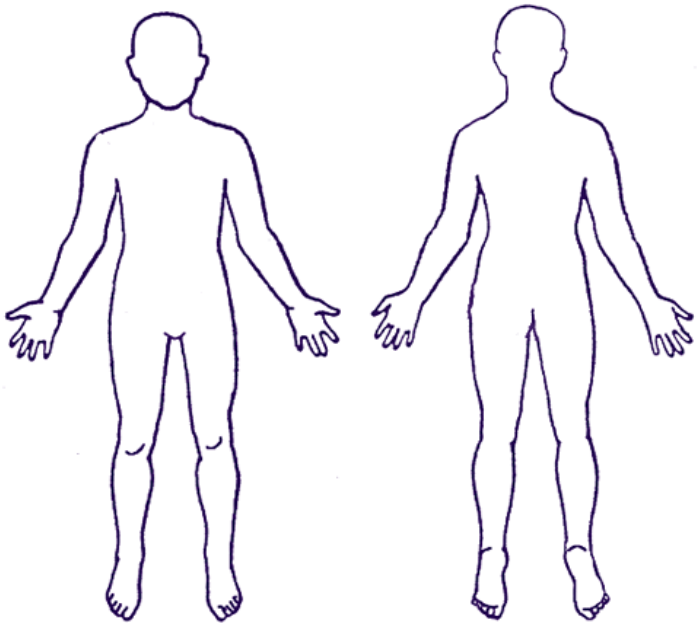
Helena Valley Chiropractic

Are you currently receiving treatment from: Chiropractor, Physiotherapist or Other?

If yes, please give details: _____

Please circle problem area(s)

Front Back



Cancellation Policy

It is our aim to provide high quality, timely treatment at all times. To assist us in this matter, if you are unable to attend please call **48 hours before Chiropractic Homeopathy or Massage appointment**. NB: **A cancellation/missed appointment fee of 50% of the Scheduled Appointment Fee may be charged if this notice of change of appointment is not given.** I, the undersigned, understand this clinic functions on a cash basis and I am financially obligated for any fees, including all amounts left outstanding after MVA, Workers Compensation and other insurance claims have been finalised.

A newsletter will be provided for any relevant advice or updates to our practice which you may unsubscribe at any time.
I confirm that to the best of my knowledge the answers I have given are true and correct.
With respect to the practitioners' time and other prospective clients need for treatment, cancellations are required 48 hours before consultations or a late cancellation charge may apply.

Signed…… Date……..

Print Name……..

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