JOHNSON CHIROPRACTIC CLINIC
130 Sproule Rd Perth, ON
K7H 3C9
(613) 264-2402

N.E.T Intake Forms

Name: _____Date of Birth dd ____/mm_____/ yy_____

Address: _____

_____Email: _____

Married: Single Common Law Divorced Widowed

Phone: (home) _____ Spouse's name: _____

(work) _____ Employer: _____

Do you have children? _____ How many? ___ Children's names: _____

Your occupation: _____ MD _____

Emergency Contact person: _____ Phone # _____

Have you ever received chiropractic care: yes no

If yes by whom: _____ When: _____

How did you discover the Johnson Chiropractic Clinic? _____

Please describe your current problem, if any....

_____

_____

When did this problem start? (Specific date if possible) _____

How often do you experience this condition?

□ Constant (76 -100%) □ Frequent (51 - 75%)

□ Occasional (26-50%) □ Intermittent (25% or less)

Is the condition worse in □ AM □ PM □ no difference

Is the condition interfering with □ sleep □ work □ routine □ recreation □ other

Please rate your condition. Circle a number (0 = no effect, 10 = unbearable)

0 1 2 3 4 5 6 7 8 9 10

Is condition getting progressively worse? □ Yes □ No □ Staying the same

What aggravates your condition?_____

_____

_____

What relieves your condition? _____

_____

_____

Have you had x-rays, CT Scans, or MRI's or ultrasound taken ? □ yes □ no

If yes.... when _____ Where ? _____

List any and all medication you are currently taking:

_____

_____

Please list any herbs, nutritional supplements or natural home remedies you take regularly:

List any surgeries and include when? _____

_____

Is there a family history of: (✓ all that apply)

	Heart Disease	**Stroke**	**Cancer**	**Arthritis**	**Diabetes**	**Other**
Mother	□	□	□	□	□	□
Father	□	□	□	□	□	□
Brother(s)	□	□	□	□	□	□
Sister(s)	□	□	□	□	□	□

Do you use: □ coffee □ tea □ artificial sweeteners

□ alcohol □ cigarettes □ recreational drugs

How would you rate your health: (circle the number that best describes how you are feeling)

Yuk...I've never felt worse Wow I feel great!

1 2 3 4 5 6 7 8 9 10

How committed are you to improving your health:

Nah, not important I want to be 100% healthy

1 2 3 4 5 6 7 8 9 10

What is being healthy to you (✓ all that apply)?

□ Not being sick □ Being symptom free

□ Having energy to do what I want, when I want □ Not needing to take time off work

□ To fully enjoy all aspects of life to the fullest extent possible

Email:

I give **express consent** to Johnson Chiropractic Clinic for email contact such as birthday greetings, to notify me of special offers and events, including monthly newsletter. I can withdraw my consent at any time. This consent does not apply to statements, reminders or appointments lists, these notifications are covered under implied consent and do not need express consent. What do you hope to do better and enjoy more as a result of the improved health you will gain from Neuro Emotional Technique, a hands on chiropractic treatment?

_____ _____

Patient's signature *Date*