



OKANAGAN HEALTH & PERFORMANCE

Family & Sports Chiropractic, Massage Therapy & Physiotherapy

104-1100 Lawrence Ave, Kelowna, BC, V1Y-6M4
www.ohpkelowna.com

(250) 860-6295
Fax : (250) 860-2424

CONFIDENTIAL PATIENT INFORMATION

First Name _____ Initial _____ Last Name _____ Care Card # _____

Birthdate: MM _____ DD _____ YY _____ Age _____ Gender: M _____ F _____

Address _____ City _____ Prov _____ Postal Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ (for appt reminders and our newsletter)

Type of Work _____ Employer _____

Marital Status: S _____ M _____ D _____ Sep _____ W _____ Number of children _____

Emergency Contact _____ Phone Number _____

How did you hear about us? Referred by: _____ Phone book _____ Sign _____ Other _____

Reason For Appointment: _____

Is this a work related injury/accident (WCB) or a motor vehicle related injury (ICBC)? If yes: Claim # _____

Are you claiming through the Department of Veteran Affairs (DVA, RCMP, etc)? If yes: Claim # _____

Do you have an Extended Health Plan through your Employer or Privately? If yes: Who? _____

Medical Doctor: _____ Phone Number _____

What activities aggravate your symptoms: _____

Relieve? _____

Does your condition interfere with: Work _____ Sleep _____ Daily Routine _____ Other _____

Do your symptoms seem to be getting worse? Yes/No Explain: _____

Female: Are you pregnant? Yes _____ No _____ Trimester: 1st _____ 2nd _____ 3rd _____

List any serious illnesses, operations, fractures or sprains you ever had: _____

Have you seen other practitioners? Chiro _____ Physio _____ Naturopath _____ Other _____

Was it for your present condition? Yes _____ No _____

Please list any current medications you have been, or are, taking: _____

Additional Information and Remarks: _____

Please indicate any of the following that apply to you: (presently or in the past)

Have you ever suffered from:

- Allergy (Type: _____)
- Rashes
- Widespread itching
- Changes in moles
- Headaches
- Migraines
- Head injury
- Dizziness/fainting
- Seizures
- Nervousness
- Depression
- Loss of sleep
- Weakness in a body part
- Poor Posture
- Difficulty Breathing
- Hemorrhoids
- Jaundice
- Hepatitis
- Gall Stones
- Cough
- Asthma
- Frequent colds
- Bronchitis
- Pneumonia
- Pleurisy
- Sinus infections
- Nose Bleeds
- Ringing ears
- Deafness
- Failing vision
- Dentures
- High/Low Blood Pressure
- Chest pain
- Difficulty swallowing
- Increased heart rate
- Poor circulation
- Calf pain
- Varicose veins
- Bruise easily
- Frequent Urination

- Bladder infection
- Kidney infection
- Hernias
- Prostate trouble
- Hot flashes
- Enlarged Thyroid
- Hot/Cold Intolerance
- Excessive hunger/thirst
- Excessive sweating
- Alcoholism
- Diabetes
- Cancer
- Heart Disease
- Rheumatic fever
- Tuberculosis

Numbness or tingling:

- Head
- Neck
- Jaw
- Shoulders
- Upper Arms
- Forearms
- Hands
- Hips
- Thighs
- Lower leg
- Feet

Pain or Stiffness in:

- Shoulders
- Elbow
- Wrist
- Hands/Fingers
- Hips
- Knees
- Ankles
- Feet/Toes
- Upper back
- Lower back

I agree to assign my Medical Services Plan reimbursement for Massage Therapy services over to Okanagan Health & Performance. I agree that I am responsible for all costs incurred if I don't give at least 24 hours notice for missed appointments.

Signature _____ Date _____