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HEALTH HISTORY FORM

Name: _____ Referred by: _____
Address: _____ City: _____
Postal Code: _____ Age: _____ Birthdate: (M) _____ / (D) _____ / (Y) _____
Home Telephone: _____ Work Telephone: _____
Email: _____
Occupation: _____ Workplace: _____
Marital Status: M S W D Spouse's Name: _____
of Children: _____ Children's name and ages: _____
Family Doctor's Name _____ Phone Number _____

ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nervous system, that have resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

Loss of Whole Body Health (Birth to Present)

From birth, certain stresses in your life start to produce layers of damage to your spine and nervous system. Eventually you begin to experience symptoms and random bouts of sickness.

Childhood History

- Born by Forceps
- Born by Cesarean
- Born Breech
- Stomach sleeper as a child
- On Antibiotics as a child
- Used puffers as a child

Childhood surgeries: _____

Childhood injuries, falls, car accidents: _____

Contact Sports: _____

After Childhood to Present

- Smoke
- Drink Alcohol
- Eat unhealthy foods
- Little to no exercise
- Occupational stress
- Home Stress
- Physical Stress
- Computer (home or work)
- Sit at work mostly
- Stand at work mostly
- Stomach sleeper

Surgeries _____

#of Medications/day _____

What do you take medications for?

1) _____ 2) _____

3) _____ 4) _____

Sports/Hobbies _____

Car Accidents: When _____

Briefly describe _____

Falls/Injuries _____ When _____