



The
HEALING PATH
Chiropractic & Wellness Centre

2435 Appleby Line, Burlington ON L7L 0B6

Adult Health Questionnaire

Dr. Maher Obeid

Dr. Jay Rappazzo

Dr. Richard Zavitz

Name _____ i _____ Date _____ Gender _____

Address _____ City _____ Postal Code _____

Phone (H) _____ (W) _____ (C) _____

Occupation _____ Number of Children and Ages _____

Date of Birth (D/M/Y) _____ Family Doctor _____

Referred By _____ Email Address _____

Email Reminders Y / N Have you seen a chiropractor before? When? _____

Our Mission - We have created a chiropractic and wellness centre dedicated to your overall health as a human being. Our purpose is to remove interferences to the expression of your life, and to reveal to those who are interested, the source of true health and the manifestation of their fullest potential. We strive to spread this message to family, friends and the entire world.

1. Is this a wellness check-up or do you have a specific health concern? If this is a health concern then please describe:

2. Using the scale indicator, 0 – being least and 10 – being most, how is this condition interfering with;

Work	1	2	3	4	5	6	7	8	9	10
Sleep	1	2	3	4	5	6	7	8	9	10
Hobbies	1	2	3	4	5	6	7	8	9	10

3. Have you consulted anyone else for this condition? What have you tried to get rid of it?

4. Please indicate which of these other symptoms you may have experienced in the last 6 months: (Please Circle)

Headaches
Neck pain
Back pain
Chest pain
Shortness of breath

Sleeping problems/Fatigue
Tension
Depression
Irritability

Fever
Cold sweats
Cold hands/feet
Upset stomach

Loss of smell
Loss of taste

ringing in the ears
Pins & needles arm/leg

Numbness in toes

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5. Please answer the following health history questions:

- a) Did / Do you smoke? _____
- b) Did / Do you drink alcohol? _____
- c) Do you recall any major childhood illnesses? _____
- d) Is this visit the result of a workplace injury? _____
- e) Have you been involved in any car accidents? When? _____
- f) Do you wear Custom Foot Orthotics? _____
- g) Have you had surgery or organs removed or replaced? _____

- h) Medications? (Prescriptive or Non-Prescriptive) _____

- i) Physical exercise? _____
- j) Hobbies / sports injuries? _____
- k) Females: Chance of a possible pregnancy? If not, date of last menstrual period?

About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care**, which corrects the most recent layer of spinal and neurological damage (VSC). This care usually reduces or eliminates the symptoms. The second stage is **Reconstructive Care** which corrects the years of damage that occurred on your body. This is followed by the third stage **Maintenance Care** which acts as a retainer for all the progress that was achieved. All stages will be explained at your report of findings, and then you'll be able to begin a course of care that best fits your health goals.

Initial Visit Fees

(Additional fees apply for treatment)

Consultation	----Complimentary----
Examination	\$85.00
Spinal Analysis and Images	\$90.00
Adjustment	\$45.00

Patient Signature: _____

Date: _____

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