



Matheson Chiropractic Clinic

36 Albert St. N. Orillia, Ontario 705-326-4543

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Tel: Home: _____ Cell: _____ Email: _____

Work: _____ Can we call you at work? ☐ Yes ☐ No

Birth Date: _____ Age: _____ Marital Status: ☐ M ☐ S ☐ D ☐ W ☐ Sep

Employer: _____ Occupation: _____

Medical Doctor's Name: _____ Compensation?: ☐ Yes ☐ No

CHIEF COMPLAINT:

Previous Chiropractic Care?: _____ When?: _____

Other Therapies: _____

Major Accidents or Falls?: _____

Do you have custom orthotics (arch supports): ☐ Yes ☐ No

Number of children?: _____ How old are they?: _____

Has their posture been checked by a chiropractor?: ☐ Yes ☐ No

Emergency Contact: _____ Telephone: _____

How did you choose our office? ☐ Referral (name) _____ ☐ Yellow pages

☐ Other _____

Payment is expected each visit or you may pay for visits in advance.

The quality of your chiropractic care depends upon keeping appointment. Please notify us if you need to change an appointment. Thank you!