



2 Marsellus Dr. #15
Barrie, ON
L4N 0Y4

Tel/FAX: (705) 728 9999
info@hmchiropractic.ca
barriechiropractor.ca

Rates of Service

Initial visit, with or without treatment: \$90.00
Subsequent chiropractic visit with treatment: \$45.00
Extended chiropractic visit with treatment: \$60.00
Custom Orthotics: \$400

Patient Information

Name: _____ Age: _____
Address: _____ Date of Birth: _____
City: _____ Province: _____ Postal Code: _____
Home Phone#: (__) _____ Cell Phone #: (__) _____
E-Mail Address: _____
May we have your permission to contact you via Email? (circle one): YES NO
Marital Status (circle one): Married Single Gender (circle one): M F
of Children: _____
Occupation: _____
Employer: _____ Work Phone #: (__) _____
Emergency Contact: _____ Phone #: (__) _____

Health History

Reason for seeking chiropractic care: _____
Date of Onset/Accident: _____
Is this condition due to a/an (circle one): Auto Accident Work Injury Other

Name of Family Physician _____ Phone # _____
May we contact your physician with regards to your chiropractic care? (circle one): YES NO

List any current medications: _____
List any past surgeries and dates: _____
List any past accidents and dates: _____
List any x-rays you have had in the past 2 years: _____

Chiropractic History

Have you ever been to a chiropractor before? _____
If yes, Doctor's Name: _____ City: _____
Date of last visit: _____ Reason for care: _____

FEMALES: Is there any possibility of you being pregnant?

How did you hear about our clinic?

Dr. Jennifer Malowney, BSc, DC
Dr. Scott Best, BA, DC
Chiropractors
Tel/Fax: 705 728 9999

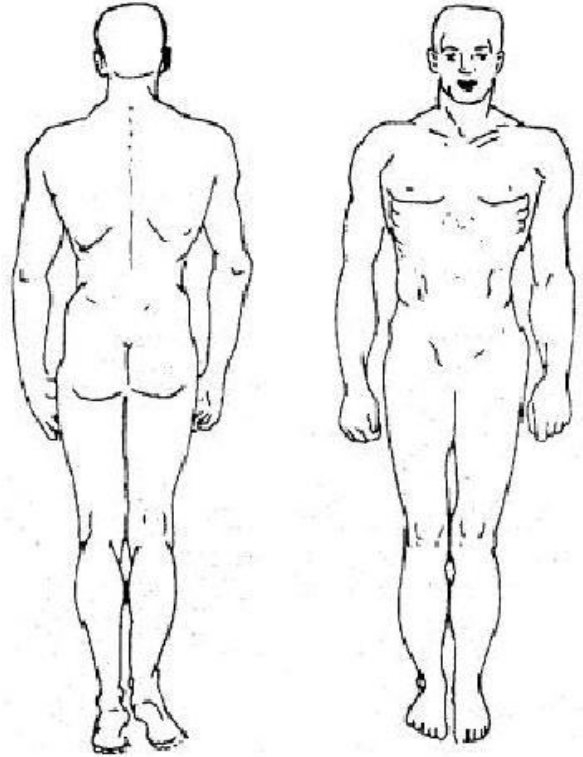
Patient Name

2 Marsellus Dr. #15
Barrie, Ont
L4N 0Y4

If you have had the following, or if you suffer from the following, *Please Check*✓

- Headache
- Migraines
- Neck Pain
- Shoulder Pain
- Arm/Hand Pain
- Mid Back Pain
- Low Back Pain
- Hip Pain
- Leg/Foot Pain
- Arthritis
- Other joint pain
- Numbness
- Joint Swelling
- Dizziness
- Nausea
- Weakness
- Fatigue
- Nervousness
- Insomnia
- Heart Problems
- Vision Changes
- Nose Bleeds
- Ringing in Ears
- Earaches
- Hearing Loss
- Cough
- Chest pains
- HIV +, Hepatitis A, B, or C +
- Allergies
- Asthma
- Cancer
- Osteoporosis
- Diabetes
- Hypoglycemia
- Digestive problem
- Urinary Problems
- Frequent colds
- Skin conditions

Please use "X's" to mark areas of pain or discomfort



Please rate your pain on a scale of :
0 (None) to 10 (Worst): _____

Please fill in any other health information you feel we might need for your care.

I understand that I am responsible for service fees in full at the time the services are rendered. I consent to an initial examination.

Patient Signature: _____
Date: _____

Dr. Jennifer Malowney, BSc, DC
Dr. Scott Best, BA, DC
Chiropractors
Tel/Fax: 705 728 9999

Patient Name _____

2 Marsellus Dr. #15
Barrie, Ont
L4N 0Y4