



Dr. Julian N. Politylo
Chiropractor
Phone: 235-6208
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Name Alberta Health Care #
Cell Phone Email Home Phone
Address City Postal Code
Age Birth Date M/D/Y Married Single Sex: M F How many Children?
Occupation Employer Work Phone
Emergency Contact Phone
Referred by

Is condition due to injury or sickness arising out of your employment? If yes, Social Insurance Number:
Date of last physical examination: Female: Are you Pregnant?
What operations have you had?
Serious illnesses? Fractured bones?
Has a physician treated you for any health conditions in the last year? [] Yes [] No
Describe
Have you ever been under Chiropractic Care? Yes [] No [] Doctor's Name

Have You Ever Suffered From:
[] Allergy [] Poor posture [] Diabetes DO YOU:
[] Dizziness [] Sciatica [] Alcoholism Now take vitamins or minerals?
[] Fatigue [] Spinal curvatures [] Anemia Yes No
[] Headache [] Swelling [] Stroke Think you may need vitamins?
[] Loss of sleep [] Colon trouble [] Chest pain Yes No
[] Ulcers [] Diarrhea [] Difficulty breathing
[] Nervousness/Depression [] Difficult digestion [] Swelling of ankles
[] Numbness [] Nausea [] Cancer ARE YOU WEARING:
[] Arthritis [] Asthma [] Itching Heel lifts Arch supports
[] Bursitis [] Deafness [] Bed wetting
[] Foot trouble [] Enlarged thyroid [] Frequent urination
[] Low back pain [] Failing vision [] Kidney infection or stone
[] Neck pain or stiffness [] Bruise easily [] Prostate trouble
[] High blood pressure [] Cramps
[] Low blood pressure [] Irregular cycle
Tingling or numbness in: [] Pain over heart [] Hot flashes
[] Shoulders [] Hips [] Poor circulation [] Lumps in breast
[] Arms [] Legs [] Rapid heart beat [] Excessive menstrual flow
[] Elbows [] Knees
[] Hands [] Feet [] Slow heart beat



PLEASE PRINT

Purpose of this appointment (Major Complaint)
What activities aggravate your condition?
Is this condition getting progressively worse? [] Yes [] No [] Constant [] Comes and goes
Is this condition interfering with your: [] Work [] Sleep [] Daily Routine [] Other
How long has it been since you really felt good?
Other Doctors seen for this condition
What medications or drugs are you presently taking?

Kindly Note: PAYMENT IS EXPECTED AT TIME OF VISIT

Are you additionally insured under an extended health insurance plan? [] Yes [] No Company

Patient's Signature Date

