

New Patient Intake Form for Sports Medicine Appointment

Name: _____ / _____ / _____
First Middle Last Preferred

Alberta Health #: _____ Birthdate: _____ / _____ / _____
Month Day Year

E-mail: _____ May we email you about appointments? **Yes No**

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred phone number: _____ Alternate Phone Number: _____

Job Title: _____ Typical working hours: _____

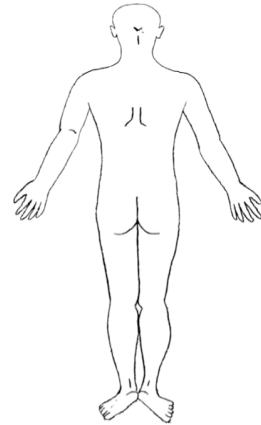
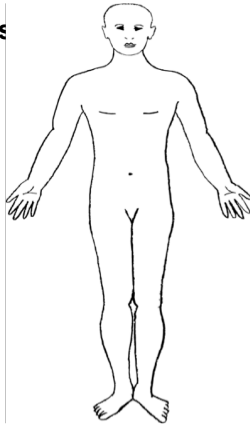
What is your main issue and what do you want to get done today?

Where are you having your issues

Please mark

X for Pain / Ache

**N for Numbness
or Tingling**



Is this a new issue or a recurring issue? When did it start?

Do you think this started due to an incident? Or is it just wear-and-tear?

What makes your issue feel worse? What makes it feel better?

What treatments have you tried and how long ago? Did they help?

Physio	Acupuncture
Chiro	Medications
Massage	Injections

Please list any medications you take. Please include any pain relievers you use (eg Advil or Tylenol)

Please list any prior issues with your back, your neck, or any of your joints?

Please list any surgeries or major illnesses?

Have you had any accidents, injuries or motor vehicle, accidents in the past? What happened?

Mark if your parents or siblings have:

Body Pains similar to yours?	Fibromyalgia or similar
Joint Replacement	Back Surgery
Cancer	Celiac / IBS / Crohn's
Heart Attack / Angina / Stroke	High Cholesterol
Diabetes	Mental Illness

What do you hope we can help you with?

Information & education	Prescriptions or Injections
MRI or other testing	Referral for surgery
