

CONFIDENTIAL MEDICAL HISTORY

ICBC Date _____

Name _____ Birth date _____

Address _____ Postal Code _____

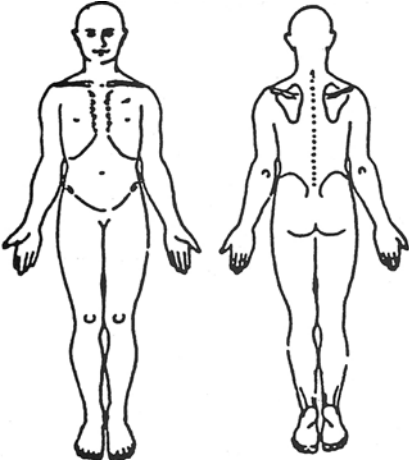
Home Tel _____ Work Tel _____

Occupation _____

Family Doctor _____ Phone _____

WELCOME. Please briefly explain the nature of your present condition. EG: locations and nature of discomforts, duration, activities affected, etc. Also, please indicate any significant interruptions to your health in the past. *THANK YOU.*

Please indicate any of the following that applies:	
HEART CONDITION	HEADACHE
CIRCULATORY CONDITION	JAW PAIN
HIGH/LOW BLOOD PRESSURE	INSOMNIA
KIDNEY CONDITION	FRACTURE
SPINAL INJURY	FAINTING
RESPIRATORY CONDITION	DIABETES
INFECTIOUS CONDITION	CURRENTLY PREGNANT
CONTAGIOUS CONDITION	CONTACT LENSES
NEUROLOGICAL CONDITION	STROKE
HEAD INJURY	CANCER
SEIZURES	OTHER _____



INDICATE PROBLEM AREA

Your appointment time is reserved especially for you. If you find you must reschedule or miss an appointment, a minimum of 24 hours notice is required. Otherwise, it is necessary to charge you for the time lost. THANK YOU.

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY:	
I.D.	/
NM	
ACCOUNT	



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