



Matheson Chiropractic Clinic

Chiropractor & Wellness Doctor

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

Name: _____ Date:

M	M	D	D	Y	Y

Address: _____

City: _____ Postal Code:

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Tel: Home: (____) _____ cell: (____) _____ Email: _____

work: (____) _____ Can we call you at work? Yes No

Birth Date:

M	M	D	D	Y	Y

 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 How old are they?: _____

Number of children?: ____ 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!