



Victoria Health Centre

WE'VE GOT YOUR BACK

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Dr. D Willaert, Dr. L Willaert

Confidential Patient Case History

Name _____ Date (D/M/Y) _____

Mailing Address _____ Postal Code _____

Birth Date (D/M/Y) ____/____/____ Male () Female () Occupation _____

Home Phone _____ Work/Cell Phone _____

Referred by _____ E-mail Address _____

Are you here as a result of an Automobile Accident? Y () N () Date of accident (D/M/Y): _____

Is this a work injury? Y () N () If yes, have you reported the claim to WSIB? Y () N () N/A ()

What is your major health complaint? _____

Any other health concerns? _____

How long have you had this condition? _____

Have you had similar problems before? Y () N ()

What activities aggravate your condition? _____

Is this condition getting worse? Y () N () Constant () Comes & Goes ()

Is this condition interfering with your Work? () Sleep? () Daily Routine? () Other ()

List previous diagnosis and treatments you have received for present condition: _____

Please list any medications that you are now taking: _____

Have you ever:

Been knocked unconscious? Y () N ()

Had any injuries involving the skull? Y () N ()

Had back surgery? Y () N ()

Been to a Chiropractor before? Y () N ()

Do you:

Wear orthotic inserts or shoes? Y () N ()

Use a cane or walking aide? Y () N ()