Living Well Health Centre

Dr. Kevin J. McCrae, B.Sc. (Hons), D.C., ART
Certified Graston Provider
Titleist Performance Institute Medical Professional

PATIENT INTAKE FORM

THE INFORMATION YOU PROVIDE IS FOR THE CONFIDENTIAL USE OF THIS OFFICE AND WILL ONLY BE RELEASED WITH YOUR WRITTEN CONSENT OR IF YOUR TREATMENT IS COVERED UNDER THE WORKER'S COMPENSATION ACT.

Name: _____

Address: _____

_____ Postal Code: _____

Telephone Number: Home ( ) _____
Work ( ) _____ Ext._____
Cell ( ) _____

Email: _____ Subscribe to our monthly email newsletter? ☐ YES ☐ NO

Date of Birth (dd/mm/yy)_____ Male ☐ Female ☐

Family Physician _____

Emergency Contact #_____

Who referred you to this office? _____

Your Occupation _____

Physical/Recreational Activities _____

Do your work tasks contribute to your health problem?	Yes ☐	No ☐
Is this a Worker's Compensation Case?	Yes ☐	No ☐
Is this a Motor Vehicle Accident Case (MVA)?	Yes ☐	No ☐
Do you have extended Health Coverage?	Yes ☐	No ☐
Have you seen a Chiropractor before?	Yes ☐	No ☐
Do you have a pace maker?	Yes ☐	No ☐
Do you have any health problems the doctor should be aware of?	Yes ☐	No ☐