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WELCOME

The **Correactology**® Practitioner(s) and staff of the **Correactology**® Center welcome you and want to provide you with the best possible care.

PATIENT INFORMATION

**** Please complete this questionnaire. If you need assistance with this form, please ask our staff.****

Mr. () Mrs. () Ms. ()

Name _____

Street _____ Apt. _____

City _____ Province _____ Postal Code _____

Phone (Home) () _____ (Work) () _____ (Cell) () _____

E-mail _____ Date of Birth (Month/Day/Year) _____

Occupation _____

Contact in case of emergency, name & relation to you: _____

Emergency Contact Telephone # () _____

How did you happen to choose our office _____

HEALTH INFORMATION

What are your two major complaints? _____ & _____

How long have you had these conditions? _____ & _____

Have you had any previous help for these problems? () Yes () No

Where? _____

When? _____

List any Prescription Drugs, Over the Counter Drugs, Vitamins and Natural Supplements you are currently taking.

Are the conditions interfering with your: () Work () Daily Routine () Sleep () Other _____

NAME _____

CONFIDENTIAL HEALTH HISTORY

The ailments below may relate to your current condition.

In the space in front of each item, enter a check mark if you have ever been diagnosed with or currently complain of the following problems, which you feel may relate to your case.

GENERAL

Fever
Loss of Sleep
Fatigue
Nervousness
Weight Loss
Weight Gain
Allergies
Bleeding Problems
Anemia
Diabetes
Gout
Cancer
Thyroid Disease
Hair Loss
Anxiety
Depression

EAR, EYE, NOSE, THROAT

Poor Vision
Pain in the Eyes
Glaucoma
Hearing Difficulty
Nose Bleeds
Nose Problems
Sinus Trouble
Otitis (Ear Problem)
TMJ

GASTROINTESTINAL

Poor appetite
Poor Digestion
Difficulty Swallowing
Belching
Gas
Frequent Nausea
Vomiting
Pain over Abdomen
Ulcer
Liver Problems
Gallbladder
Jaundice
Hernia
Diarrhea
Constipation
Hemorrhoid

Appendicitis
Reflux Problems
Crohns
Colitis
Irritable Bowel Syndrome
Polyps
Fissures
Constant Choking

RESPIRATORY

Difficult Breathing
Chronic Cough
Pneumonia
Asthma/Wheezing
Tuberculosis

CARDIOVASCULAR

Irregular Heartbeat
Heart/Artery Blockage
Pain Over Heart
Heart Attack/Angina
Ankle Swelling
Varicose Veins
Stroke
High Blood Pressure
Low Blood Pressure
High Triglycerides
High Cholesterol

GENITOURINARY

Frequent Urination
Painful Urination
Kidney Disease
Urinary Infection
Unable to Control Urination
Up at night to Urinate
Breast Pain
Venereal Infection
Sexual Difficulties
Bladder Infection

SKIN

Itching
Bruising Easily
Acne

Hives
Herpes
Shingles
Change in Moles

NEUROLOGIC

Weakness
Twitching
Tremors
Balance Difficulties
Headache
Migraine
Fainting
Dizziness
Convulsions
Epilepsy/Seizures
Numbing/Tingling
Mental Disorder
Fibromyalgia

MUSCULOSKELETAL

Neck Pain/Stiffness
Pain Between Shoulders
Low Back Pain
Shoulder Pain
Arm Pain
Wrist Pain
Hand Pain
Carpal Tunnel Syndrome
Hip Pain
Leg Pain
Knee Pain
Foot Pain
Swollen Joints
Painful Joints
Muscle Aches/Soreness
Spinal Curvature
Arthritis

WOMEN ONLY

Painful Periods
Excessive Flow
Irregular Periods
Difficult Pregnancy
Hot Flashes

PATIENT CONSENT

I understand that **Correactology®** Health Care is a new, effective and non-invasive approach to health care. **Correactology®** Practitioners individualize patient complaints by approaching each case as a separate and distinct entity and offer a full body correction without the use of force, drugs, surgery or instrumentation. It is a natural science, unique and distinct because it is focused on the understanding of the correlation between physical pain and malfunction. This alternative health care practice specializes in the development of specific techniques centered on promoting auto-correction in human systems.

I understand that payment in the form of cash, cheque, debit or credit card must be paid on sign-in prior to every session with the **Correactology®** Practitioner.

I understand that to provide me with the **Correactology®** Health Care, the **Correactology®** Practitioner will collect personal information about me like home telephone number, address, and details about my health.

I understand that the **Correactology®** Center uses an electronic health records system which means that some or all of my personal health information may be electronically transferred and stored on a remote server, instead of being maintained in paper/hard copy form at the **Correactology®** Center.

I have read both the **Correactology®** Center's Privacy Policy and this Patient Consent Form in its entirety and I understand how my personal information will be collected, used, disclosed and protected by the **Correactology®** Center. I understand how the **Correactology®** Center's Privacy Policy applies to me. I have been given a chance to ask any questions I have about the **Correactology®** Center's Privacy Policy.

I agree to let the **Correactology®** Center collect, use and disclose personal information about me as set out in the **Correactology®** Center's Privacy Policy and this Patient Consent Form.

I understand and agree that **Correactology®** Health Care is safe and effective.

Name of Parent of Minor Patient (Please Print) _____

Patient's Signature

Date

CANCELLATION/NO SHOW POLICY

I understand that payment must be submitted on sign-in prior to every session with the **Correactology®** Practitioner.

In order to be respectful of the **Correactology®** Health Care needs of the community please be courteous and call the **Correactology®** Center promptly if you are unable to keep your appointment. This time will be reallocated to someone who is in urgent need of care. This is how we can best serve the needs of the community. Appointments are in high demand, and your early notice will give another person the possibility to have access to timely care.

If it is necessary to cancel or reschedule your appointment, we require that you call 24 hours in advance. Failure to give this required 24 hour notice will result in a full appointment fee being invoiced to you.

I understand and agree with the **Correactology®** Center cancellation/no show policy.

Signature _____

Print name _____

We thank you for your patience and cooperation in completing this form.