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Re-Evaluation Form

Please make changes to Personal History where necessary:

Name: _____ Address: _____
Birth Date: ____/____/____ Age: _____ City: _____ Province: ____ Postal Code: _____
 DD / MM / YYYY
Gender: Male Female Health Card #: _____

How would you like appointment reminders? Home Phone Texting Email

Email: _____ Home Phone Number: _____
Cell Phone Number: _____ Cell Phone Provider: Rogers____ Telus____ Bell____ Other____
Business/Employer Name: _____ Business Phone: _____ Occupation: _____
Emergency Contact Name: _____ Relationship: _____ Contact Phone Number: _____

Current Health Conditions

Chief Complaint: _____
Is this a new complaint? Yes No Is this a recurring complaint? Yes No Does your MD know about this condition? Yes No
If yes, type of treatment: _____ Results: _____

Since your last appointment (Date : _____) have you had any:

Accidents Yes No **Traumas** Yes No **Operations** Yes No **Other problems** Yes No

Please specify _____

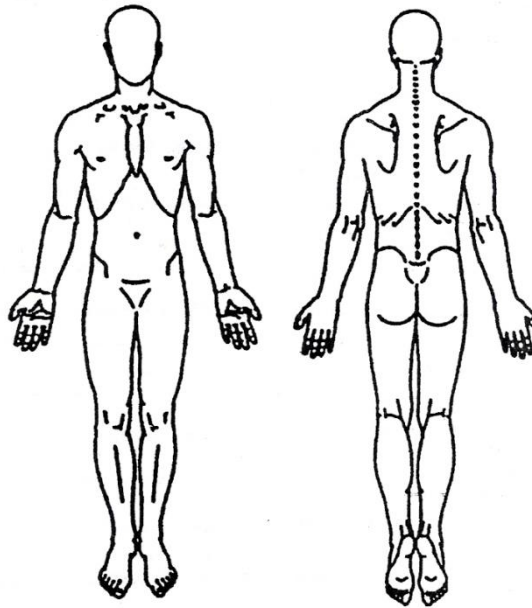
Please Indicate any changes in your medication

Nerve Pills Painkillers / Muscle Relaxants Blood Pressure Medication Insulin Thyroid Medication
 Other _____

Have you had any Imaging since your last
 CT Scan Ultrasound

appointment? X-Ray MRI

Please mark area of complaint(s).



Please Note: A reactivation fee will be
fee, to cover the time it takes to review

charged today, on top of your adjustment
your case history.

Check any of the following diseases you have had:

- Cancer _____
- Thyroid: Hypo Hyper
- Eczema
- Diabetes: Type I Type II
- Depression
- Mental Disorder
- Pneumonia
- Whooping Cough
- Mumps
- Measles
- Influenza
- Rheumatic Fever
- Pleurisy
- Polio
- Chicken Pox
- Tuberculosis
- Epilepsy Seizures
- SARS
- HIV

Respiratory Code

- Lung Problems Cough/Congestion
- Varicose Veins
- Emphysema
- Bronchitis

Musculoskeletal Code

- Arthritis
- Osteoporosis
- Neck Pain
- Shoulder Pain
- Upper Back
- Mid Back
- Low Back
- Arm Pain
- Legs
- Knees
- Feet
- Walking Problems
- Difficult Chewing / Clicking Jaws

Cardiovascular Code

- Stroke Heart Attack
- Chest Pain Short Breath
- Blood Pressure High Low
- Pacemaker
- Irregular Heartbeat
- Ankle Swelling
- Fainting

General Code

- Fatigue
- Allergies Environmental Food
- Loss of Sleep
- Fever

Gastro-Intestinal Code

- Bladder Trouble
- Painful / Excessive Urination
- Discoloured Urine
- Black / Bloody Stool
- Heartburn
- Gas / Bloating After Meals
- Colitis

Nervous System Code

- Stress Anxiety
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Convulsions
- Cold / Tingling Extremities

EENT Code

- Headaches Migraines
- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches Hearing Difficulty
- Stuffed Nose