



Patient Update Form

Please complete this form to assist us in keeping your records up to date, noting any changes since your last visit to this clinic.

SECTION A - Personal Details

Title: Mr Mrs Miss Full Name: _____ Date of birth: _____ Gender: F M

Address: _____ Suburb _____ Post Code: _____

Phone Numbers - home: _____ mobile: _____ work: _____ ext: _____

E-mail address:

Occupation: _____

SECTION B -Complaint/Problem

Is this visit in relation to an Injury or Accident? No Yes approximate date: _____

Please explain 'in detail' why you have come to see us today: _____

Please mark with a cross on the diagram the areas of your discomfort

On a scale of (1 to 10) rate your current pain level? 1 = a little sore 10 = unbearable pain
 (please circle) 1 2 3 4 5 6 7 8 9 10

Have you experienced or been treated for any other health conditions since you were in to see us last?
 (If yes please explain): _____

I the undersigned voluntarily consent to treatment provided by the Chiropractic physician as is necessary in his/her professional judgment. I acknowledge and understand that no guarantees regarding a cure or improvement in my condition have been made to me. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility. I understand and am informed that this clinic functions on a 'Payment is required at the time of Service' basis and I am financially obligated for any fees, including all amounts left outstanding. This does include and is not limited to ACC and Insurance Claims that have been rejected, exceeded treatment limit and/or exceeded the 12 month claim period. Dr Mac Chiropractic reserves the right to charge overdue fees, interest and collection costs on all accounts not paid by their due date.

Name: _____ Signature _____ Date: _____