



Dr. Greg Haman, BA, DC
 Haman Chiropractic and Orthotics
 (Grande Prairie Foot Clinic)

NAME:	Alberta Health Care #
ADDRESS:	TODAY'S DATE:
CITY:	WHO CAN WE THANK FOR REFFERING YOU:
PROVINCE POSTAL CODE	
EMPLOYER'S NAME	FAMILY PHYSICIAN'S NAME
YOUR OCCUPATION	DATE OF BIRTH MONTH / DAY / YEAR
HOME PHONE #	CELL PHONE# Please circle Cell Phone Provider so we can text you your appt reminder: BELL TELUS ROGERS FIDO KODOO VIRGIN WIND
WORK PHONE #	
MALE / FEMALE	EMAIL ADDRESS:

Name of Extended Health Insurance Company: _____

We can direct bill for you if you have coverage with Great West Life/ Sun life / Blue Cross/ Green shield / Desjardins Maximum Benefit / Standard Life / Chamber of Commerce / ASEBP or Johnson Insurances
 (you are personally responsible for any amount not covered by your benefits)

Please describe the principle health problems which you came to this office for _____

List any other Doctors seen for these problems: _____

List any diagnosis(s) and or treatment: _____

Have you received Chiropractic treatment previously: Yes ___ No ___?

Are you seeking treatment for a Work related injury: Yes ___ No ___?

Have you lost any days of work? Yes ___ No ___? **Dr. Haman DOES NOT handle WCB claims**

Has a Physician treated you for any health condition in the last year? Yes ___ No ___ if yes explain _____

List the approximate dates and any Operations you have had _____

Please X or circle on the figures where you feel pain →

Please Circle severity of pain:

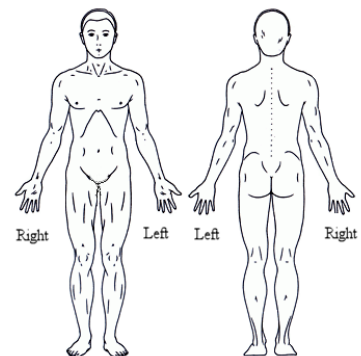
0 meaning - No Complaint/Pain and 10 meaning - Worst Possible Complaint/Pain

0 1 2 3 4 5 6 7 8 9 10

If your condition is due to a Motor vehicle accident; please answer the following:

Date _____ Time _____ AM _____ PM _____ of Accident

Place or location of accident: _____



MEDICATIONS I NOW TAKE

Nerve Pills
Pain Killers
Muscle Relaxers
Blood Pressure Medicine
Insulin
Other _____

Stimulants
Blood thinners
Aspirin
Tylenol
Cholesterol Medicine
Other _____

HEALTH HABITS

Do you smoke? No Yes _____ packs/day
Do you drink alcohol? No Yes _____ drinks/week
Do you drink coffee? No Yes _____ cups/day
Do you exercise regularly? No Moderate Daily

HEALTH CONDITIONS

Please check each of the diseases or conditions that you have they may seem unrelated to the purpose of the appointment, they can affect the overall diagnosis, care plan and the possibility of being accepted for care.

- Severe or Frequent Headaches
Yes No
- Sinus problems
- Dizziness control?
- Loss of Sleep
- Pain between the Shoulders
Yes No
- Frequent Neck Pain irregular cycles?
- Numbness or Pain in Arms/Legs/Hands
Yes No
- Lower Back Problems
- Digestive Problems
- Ulcers/Colitis
- Heart Attack/Stoke
- Depressed
- Irritable
- Hemorrhoids
- Bedwetting
- Congenital Heart Defect
- Heart Surgery/Pacemaker
- Heart Murmur
- High/Low Blood Pressure
- Difficulty Breathing
- Asthma
- Arthritis
- Alcohol/Drug Abuse
- Diabetes
- Kidney Problems
- Hepatitis
- Cancer
- Anemia
- Thyroid Problems
- Trouble Sleeping
- Prostate problems
- Ear infections

Initial Visit and Exam

Adult.....\$ 80.00
Seniors/Students/Child....\$ 70.00

Regular Office visit (Subsequent Visits)

Adult.....45.00
Seniors/Students/Child.....40.00

X-ray

Consult & Reading.....\$ 35.00

EMG Scan

Adult.....\$ 40.00
Seniors/Students/Child.....\$ 40.00

Footmaxx @ Prescription Orthotics

Exam and Gait analysis only...\$ 40.00
Orthotics..... \$ 395.00 to \$460.00
Shipping..... \$ 15.00

Products

Chiroflow Pillow.....\$65.00
Biofreeze.....\$18.00
Cryoderm.....\$19.00

For Women:

Are you pregnant?

Are you nursing? Yes No

Are you taking birth

Yes No

Do you experience

periods?

Do you have

Out of respect for other patients we ask for a minimum 12 hours cancellation notice.

You can call us at 780-882-6888 or email us at hamanchiro.com to cancel your appt.

A \$20.00 fee is applicable for appointments that are not cancelled.

_____(Please initial).

AWARENESS OF CHIROPRACTIC PRINCIPLES

Were you aware that

- ...Doctors of Chiropractic work with the nervous system? Yes No
- ...the Nervous System controls all bodily functions and systems? Yes No
- ...Chiropractic is the largest natural healing profession in the world? Yes No

SIGNATURE: _____
(Patient Parent or Guardian)

DATE: _____