

# NEW PATIENT INFORMATION AND PAYMENT FORM



**Dr Nicholas Foley**      Chiropractor

**Patients Details** Today's date \_\_\_\_\_

Mr /Mrs /Miss /Ms /Mx/Dr. Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Place of birth \_\_\_\_\_

Residential Address \_\_\_\_\_ Post Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_ NOK \_\_\_\_\_

Relationship of NOK \_\_\_\_\_ Contact Details NOK \_\_\_\_\_

Medicare no \_\_\_\_\_ ref# \_\_\_\_\_ expires \_\_\_\_\_

Do you have Private Health Cover for Chiropractic? Yes/No

**If patient is a Child or Dependent** Head of family name \_\_\_\_\_ Relationship \_\_\_\_\_

Medicare no \_\_\_\_\_ ref# \_\_\_\_\_ expires \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Who referred you? \_\_\_\_\_

## Pain History

Where is your Pain or Injury?

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What originally caused this Pain? Accident or Injury / Gradual Onset with No Specific Cause / Don't know / Other

Do you have any of the following?

- Broken Bone       Car Accident       Sports Injury       Work Injury       Wisdom Teeth Removal  
 Root Canal       Concussion Injury       Coccyx Injury [fall directly onto your bottom]  
 Scars [ie. Surgery, stitches, mole removals etc].       Other

How long have you been in pain for? .....Years / .....Months / .....Weeks / .....Days

Which of these treatments have you already tried?

- GP       Surgery/Specialist       Medications       Physiotherapy       Chiropractic  
 Osteopathy       Massage/Myotherapy       Acupuncture/Dry Needling       Other

How successful have your previous treatments been?

Little or No Relief / Relief but Symptoms keep coming back / Great (long lasting) response

Is there anything else you would like to add?

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