



DR. VICTOR J. PORTELLI

Chiropractors: Dr Victor Portelli, Dr Anthony Papaluca, Dr. Bojan Peric
Applied Kinesiology & Organ Biomechanics - Acupuncture/ Hypnotherapy. Romaine Sundaram -Naturopath

HEALTH QUESTIONNAIRE



Name: Dr/ Mr/Mrs/Miss/ _____

Address _____

Phone (H) _____ (M) _____ (Bus) _____

Email _____ Date of Birth _____ No. of children _____

(Please let us know if you don't want to receive emails of our updates or workshops)

Occupation _____ Employer _____



Are you a member of a private health fund? YES/ NO Name: _____

How did you hear about us: Newspaper/ Sign/Friend/Dr./ Other (name) _____

What is the main reason for today's visit? _____

Is this a work injury? YES/ NO **Were you injured in a transport accident? YES/ NO**

Has anyone treated you for this problem? YES/ NO

What was the type of the treatment? _____

HEALTH CHECKLIST (Tick the following if they are currently affecting you)



Headaches	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Constipation/ Diarrhoea	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	Dizziness/blurriness	<input type="checkbox"/>	Ear Noises	<input type="checkbox"/>	Rapid weight loss	<input type="checkbox"/>
Low energy	<input type="checkbox"/>	Blood disorders	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Fevers	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Painful Menstruation periods	<input type="checkbox"/>
Infections	<input type="checkbox"/>	Skin Disorders	<input type="checkbox"/>	Allergies	<input type="checkbox"/>		<input type="checkbox"/>

Have you had any surgery? YES/ NO _____ Major Accidents? YES/ NO _____

Please circle any of the following drugs/ medical treatment you are using:

Antacids	Antibiotics	Anti- depressants	Insulin
Anti-inflammatory	Anti- Psychotics	Blood pressure	Chemotherapy
Heart medication	Hormonal/ cortisone	Hormone replacement	Oral contraceptives
Pain relievers	Sleeping pills	Thyroid drugs	Tranquilizers
Ulcer/ indigestion drugs	Warfarin/ blood thinners	Infectious diseases	Other _____

I understand that payment is due at time of consultation. Generally, Chiropractic and other health providers are a very safe and gentle form of treatment. However, there are risks from treatment to the neck and back. Although very rare, stroke may occur if there is injury to the neck artery following neck adjustments. Disc injury is also possible following neck and back adjustment. Bruising or some achiness may occasionally occur.

Please discuss this with your Chiropractor



Signature _____ Date _____

Thank you for taking the time to fill in this questionnaire. It will greatly assist with the consultation process.