

Absolute Chiropractic & Wellness Center

557 Roy Street Suite #100 | Seattle, WA 98109 | P: 206.285.1068 | F: 206.285.0821 | www.AbsoluteCWC.com

Dawn Smallwood, DC, NTP

GAIT SCAN INFORMATION & HEALTH QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Shoe Size: _____

HEALTH INFORMATION DISCLOSURE

I, _____, give permission to Absolute Chiropractic & Wellness Center to disclose the following health information to _____:

_____ Scheduling Information

_____ Medical Information

(Please initial any/all applicable categories)

_____ Financial Information

I understand that this gives Absolute Chiropractic & Wellness Center permission to disclose only the above-mentioned health information to only those above mentioned individuals.

PARENT/LEGAL GUARDIAN AGREEMENT FOR MINORS

I, _____, am the individual who authorizes treatment and is responsible for the financial obligations of _____. I authorize treatment and agree to pay for all services provided to _____ here at Absolute Chiropractic & Wellness Center.

Printed Name: _____

Signature: _____ Date: _____

Have you ever worn orthotics before? ___ Y ___ N If yes, please indicate so by circling any of the following:
Dr. Scholl's Super Feet Foot Maxx The Orthotic Group Other _____

Do you have Diabetes? ___ Y ___ N

Do you have arthritis in your: ___ feet ___ ankles ___ knees ___ hips ___ spine?

Describe your fitness/activity level: _____

Name: _____

Date: _____

Do you have low back pain? ___Y ___ N If so, for how long? _____

Please describe pain/ condition: _____

Do you have hip pain? ___Y ___ N If so, for how long? _____ Which hip? ___ right ___ left ___ both

Please describe pain/ condition: _____

Do you have knee pain? ___Y ___ N If so, for how long? _____ Which knee? ___ right ___ left ___ both

Please describe pain/ condition: _____

Do you have ankle pain? ___Y ___ N If so, for how long? _____ Which ankle? ___ right ___ left ___ both

Please describe pain/ condition: _____

Do you have foot pain? ___Y ___ N If so, for how long? _____ Which foot? ___ right ___ left ___ both

Please describe pain/ condition: _____

Do you have toe pain? ___Y ___ N If so, for how long? _____ Which toe(s)? ___ right ___ left ___ both

Please describe pain/ condition: _____

Do you have arthritis in your _____ feet _____ ankles _____ knees _____ hips _____ back? (right, left or both)

Please list any sprains, strains, surgeries, or conditions you have had to you back, hips, knees, ankles, feet, or toes:
