

Here you can find the New Patient Form that you can fill in before your first visit to our practice. Could you please fill it in, sign it and bring it with you on your first visit.

The duration of a first appointment is approximately 30 minutes. During this visit there will be an intake and a physical examination. Based on your medical history and the physical examination, the chiropractor will put together a treatment plan for you. During the second visit you will receive this information on paper and you can discuss it with the chiropractor. Regular appointments are approximately 10 minutes.

We friendly request that you bring a towel with you to cover the treatment table.

Prices: New patient appointment € 68,00

Regular appointment € 54,00

Further information

- Patients or parents of our little patients, can pay for the treatment directly afterwards. You can pay with cash or with your bankcard. The assistant will give you a receipt which you can send to your insurance company. Most insurance companies cover chiropractic in their extra packages. Our practices, Chiropractie Drachten and Chiropractie Groningen are members of the NCA (Nederlandse Chiropractoren Associatie) and the SCN (Stichting Chiropractie Nederland). This is usually a prerequisite to have your treatments covered by the insurance company.
- If you have to postpone your appointment or cancel your appointment, please do this a minimum of 24 hours ahead of time. If you cancel too late, then unfortunately we will have to send you a bill for the allotted time.

The practice in Drachten is situated next to the city hall, on the Gauke Boelensstraat 4a. You can find us on the ground floor, underneath the dental practice TOSK. If you come by car, follow the signs to the city centre. You can park in front of the practice (paid parking) or on the otherside of the road on the Kiryat Onoplein. You can park there for free for 3 hours, as long as you have a blue parking disc on your dashboard.

The practice in Groningen is located on the Eendrachtskade NZ 23. You can park in front of the practice (paid parking) or around the corner (paid parking). There is also a parking garage (Parkeergarage Westerhaven) close by if you would like to stay and shop in Groningen after your visit with us.

Sincerely,
Team Chiropractie Drachten en Groningen

Last name:
 Initials:
 Maiden name:
 First name:
 Date of birth:
 Address:
 Postal code:
 City:
 Telephone home:
 Telephone work:

Mobile phone number:
 E-mail address:
 Referred by: (family)doctor / family / friend / other.....
 Number of children:
 GP:
 City of your GP:.....
 Occupation:
 Are you currently working: yes / no.....
 Hobbies / Sports:.....

What is your main complaint:

.....

When did this complaint start:

.....

How did it arise:

- Gradually
- Alternating presence
- Constantly present
- Suddenly
- Alternating presence
- Constantly present

Is there radiation in:

- Arm left / right
- Leg left / right

Gets worse when you:

- sit
 - walk
 - stand
 - bend over
 - lie down
 - move
 - move your head
 - cough or sneeze
 - other activities / positions
-

Decreases with:

- sitting
 - walking
 - standing
 - bending over
 - lying down
 - moving
 - other activities / positions
-

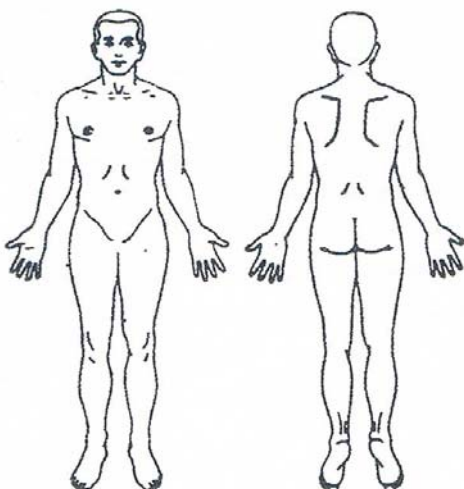
Experts

Have you been treated for these complaints by:

- Chiropractor.....
- Doctor.....
- Physiotherapist.....
- Postural therapist.....
- Manual therapist.....
- Podiatrist.....
- Neurologist.....
- Rehabilitation physician.....
- Rheumatologist.....
- Acupuncturist.....
- Surgeon.....
- Pain Team.....
- Homeopath.....
- Orthopedic surgeon.....
- Psychologist.....
- Alternative healer.....
- Other.....

Your medical situation

Indicate where the complaint is:



- past problems*
 current problems
Muscles and joints
- Neck
 - Between the shoulders
 - Lower back
 - Tailbone
 - Groin L / R
 - Hip L / R
 - Leg L / R
 - Knee L / R
 - Foot or heel L / R
 - Shoulder L / R
 - Arm L / R
 - Elbow L / R
 - Hand L / R
 - Wrist L / R
 - Fingers L / R
 - Ribs L / R
 - Joint inflammation
 - Gout
 - Arthritis

- past problems*
 current problems
General
- Headache
 - Migraine
 - Dizziness
 - Fainting
 - Tinnitus L / R
 - Insomnia
 - Fatigue
 - Nervousness
 - Allergies
 - Depression
 - Facial pain L / R
 - Poor appetite
 - Ear / nose / eye complaint
 - Throat complaint
 - Sinusitis
 - Deafness L / R
 - Ear infection L / R

- past problems
current problems
- Heart and blood vessels**
- Heart problems
 - Stroke
 - High blood pressure
 - Low blood pressure
 - Varicose veins L / R
 - Poor circulation
 - Swelling in the ankles L / R
 - Anemia

- Respiratory**
- Difficulty breathing
 - Asthma
 - Bronchitis
 - Pneumonia
 - Emphysema
 - Hay fever
 - Chest pain
 - Chronic cough
 - Coughing up blood
 - Coughing up mucus

- past problems
current problems
- Stomach and intestines**
- Stomach
 - Ulcer
 - Appendicitis
 - Gall bladder
 - Liver problems
 - Constipation
 - Diarrhea
 - Vomiting
 - Hemorrhoids
 - Flatulence
 - Bladder
 - Kidney
 - Prostate
 - Incontinence

- Skin**
- Itching
 - Eczema
 - Bruising
 - Dry skin

- past problems
current problems
- Women**
- Menopause
 - Menstrual cramps
 - Back pain during menstruation
 - Irregular menstruation
 - Excessive blood loss
- Have you had a miscarriage?
 - Are you possibly pregnant?
 - When was your last menstruation?.....

Miscellaneous

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- Conditions**
- Angina Pectoris
 - Alcoholism
 - Epilepsy
 - Cancer
 - Multiple sclerosis
 - Polio
 - Meningitis
 - Rheumatism
 - Tuberculosis
 - Diabetes
 - Mononucleosis
 - Thyroid problems
 - Other:

- Dental conditions**
- Teeth grinding, clamping day and / or night
 - If you wear dentures: whole or partial?
 - Fatigued feeling in the jaws
 - Do you have crowns?
 - Do you have a bridge?
 - Does your jaw sometimes make a popping sound?
 - Have you had braces?

- Do you use:**
- Orthotics
 - Heel filler L / R
 - Other
- How do you sleep:**
- Back
 - Side
 - Belly
 - Alternating
- How old is your mattress:**
-
- Is your mattress comfortable:**
- Yes
 - No

Date of your last test	shorter than between longer dan			
	6 months	6-18 months	18 months	never
Urine test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Habits	excessive normal few not			
	excessive	normal	few	not
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accidents:.....

Fractures:.....

Operations:

Hospital admissions:

Mental illness:

Medications you take and why:.....

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Dietary supplements:

Do you have any comments:

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Where and how are you insured:
basic / additional

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May we inform your GP?
Yes / No

Signature:

Date: