MASSAGE THERAPY
DERBY

ChiroFamilyPractice

Personal Information:

TITLE	FORENAMES SURNAME	
ID N°	D.O.B.	AGE
ADDRESS		POST CODE
Mobile N°	e-mail:	
Insurance	How did you hear about us?	
Handed R /L		
Weight	Height	
Daytime activities / chores / occupation		
Other Interests / activities / hobbies		
GP name and address		
When did you last see your GP about this problem?		
Are you also receiving care from any other professionals? ☐Yes ☐No If Yes please name their speciality:		

Current Health Condition

What health condition(s) bring you to our practice?
Have you ever received care for this problem before? ☐Yes ☐No If yes, please explain:
When did the condition(s) first begin?
How did the problem start? ☐Suddenly ☐Gradually ☐Post injury
Is this condition: ☐Getting worst ☐Improving ☐Intermittent ☐Constant ☐Unsure
What's makes problem better?
What makes problem worst?

Your health Goals

Your Top three Health Goals:

1.

2.

3.

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History

What would you like to gain from having this appointment? ☐Resolve existing condition ☐Overall Wellness ☐Both

Have you ever had chiropractic or sports massage therapy? ☐Yes ☐No If yes, what is their name?

What is their speciality: ☐Pain Relief ☐Physical Therapy & Rehab ☐Nutritional ☐Subluxation-based ☐Other

Do you have any health concern about the family members?

Traumas: Physical Injury

Have you ever had any significant fall, surgeries or other injuries as an adult? ☐Yes ☐No
If yes, please explain

Noticeable childhood injuries? ☐Yes ☐No If yes, please explain

Youth of college sports? ☐Yes ☐No If yes, list major injuries

Any road traffic collisions? ☐Yes ☐No If yes, please explain:

Exercise frequency? ☐None ☐1-2xper week ☐3-5xtimes per week ☐Daily

What types of exercise?

How do you normally sleep? ☐Back ☐Side ☐Stomach Do you wake up: ☐ready & refreshed ☐stiff & tired

Do you commute to work: ☐yes ☐no If yes, how many minutes per day?

List any problems with flexibility (ex. Putting on shoes or socks):

How many hours per day do you typically spend sitting at a desk or on a computer, table or phone?

Toxins: Chemical & Environmental Exposure

Please rate your CONSUMPTION for each:

	None	Moderate	High		None	Moderate	High
Alcohol	☐	☐	☐	processed foods	☐	☐	☐
Water	☐	☐	☐	artificial sweeteners	☐	☐	☐
Sugar	☐	☐	☐	sugary drinks	☐	☐	☐
Diary	☐	☐	☐	cigarettes	☐	☐	☐
Gluten	☐	☐	☐	recreational drugs	☐	☐	☐

Please list any drugs/ medication/ vitamins/ supplements/ herbs that you are taking and why:

Emotions – Stresses and Challenges

Please rate your STRESS for each:

	None	moderate	High		None	Moderate	High
Home	☐	☐	☐	Money	☐	☐	☐
Work	☐	☐	☐	Health	☐	☐	☐
Life	☐	☐	☐	Family	☐	☐	☐

Acknowledgment and Consent

Patient name: _____ Date_____

I confirm that I have read and understood the Clinic's privacy notice and I agree to the processing of my personal information, including information about my health, for the purposes described in the notice.

Signature: _____ Date: _____

Privacy Notice

(About the information the Clinic holds on you)

What we need

Chiro Family Practice and Massage Therapy Derby is what is known as the 'Controller' of the personal information you provide to the Clinic. We collect personal data about you including contact details, information about your health and medical history, as well as your lifestyle. We keep records of your appointments and add information about your treatment to your individual file.

Why we need it

We need to know your contact details in order to contact you about appointments, to let you know of anything we are legally bound to send you and to provide you with information about your treatment and rehabilitation. We ask you for information about your health, medical history and lifestyle in order to diagnose your problem(s) and devise a treatment plan that is individual to you and your needs. We keep records of your treatment to check the effectiveness of your care and to keep your plan of care under review.

What we do with it

All the personal data we hold about you is kept on the Clinic's computer systems in the UK or using services that we have assessed as providing a high standard of security. No-one else has access to your personal data unless the law allows them to do so. If we need to inform other health professionals about your condition and treatment, such as your GP, we will only do so with your permission.

Chiro Family Practice and Massage Therapy Derby will not send you any marketing emails and will not sell or share your contact details with any other organisations.

We have reviewed the security of our systems and our data protection practices to ensure that we are operating within the requirements of the General Data Protection Regulation.

How long we keep it

We are required by the General Chiropractic Council (GCC) to keep records of treatment for 8 years. So we will keep your individual file for eight years after your last treatment with us. In the case of children, we are required to keep their records until they are twenty five years old.

Please note that we don't keep information about the credit or debit cards you use to make payments, as these are held only by the payment service we use.

What are your rights?

If at any point you believe the information we have about you is incorrect you can request to see this information and have it corrected. You have a right to ask for information to be deleted, but as the Clinic is required under GCC regulations to keep information about the treatment we have provided, we might not be able to do this. If you wish to raise a complaint on how we have handled your personal data, please contact the Clinic in the first instance.

If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner's Office (ICO). See ww.ico.org.uk/concerns

Ewa Lobato (Chiropractor and Clinic Director)
Chiro Family Practice and Massage Therapy Derby
2A Cleveland Avenue, Derby DE21 6SA
07587407824, be.well@chirofamilypractice.co.uk