Two Souls Yoga
469 Bouchard Street, Suite 219
Sudbury, Ontario
P3E 2K8

Tel: 705-522-6222
Fax: 705-522-6222
info@twosoulsyoga.com
www.twosoulsyoga.com

Dr. Kassandre Goupil, DC

ADULT INITIAL INTAKE FORM

PATIENT INFORMATION

Name: _____ Birthday (M/D/Y): _____ Age: _____ Gender: _____

Address: _____

(Street) (City) (Postal Code)

Home Ph. #: _____ Cell: _____ Email: _____

Marital status: _____ # of Children: _____ Occupation: _____

Emergency contact name and Ph. #: _____

Can Dr. Kassandre Goupil use your email address to contact you concerning your care? Y/N

How did you hear about this clinic: ☐ Walk by ☐ Website ☐ Flyer

☐ Referral: _____ ☐ Talks/events ☐ Other:

_____

Name of Medical Doctor: _____ Permission to contact for labs, etc. Y/N

MAIN HEALTH CONCERNS

My usual health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please list, in order of importance, your chief concerns:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

When did the injury occur or condition develop?_____

How did the injury occur or condition develop?_____

Please indicate frequency of pain/discomfort: ☐ Constant ☐ Intermittent

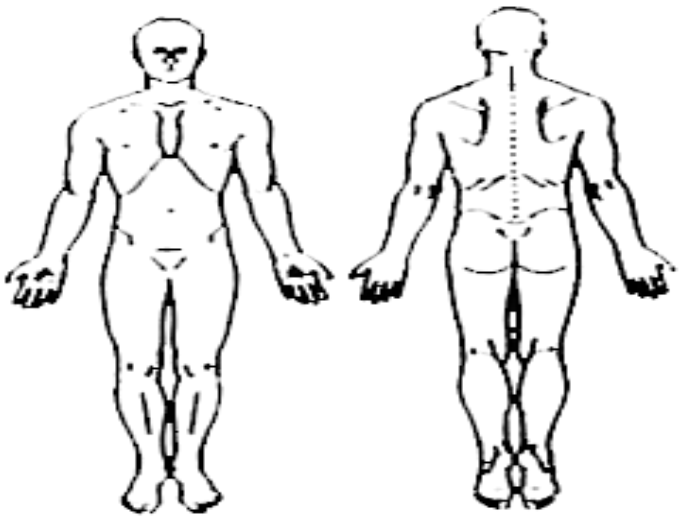
Two Souls Yoga
469 Bouchard Street, Suite 219
Sudbury, Ontario
P3E 2K8

Tel: 705-522-6222
Fax: 705-522-6222
info@twosoulsyoga.com
www.twosoulsyoga.com

Dr. Kassandre Goupil, DC

PAIN & DYSCOMFORT

Please indicate any areas of pain or discomfort on the diagram below (if applicable):



Describe your pain:

☐ Stiff/Tight ☐ ☐ull ☐ Sharp ☐ Shooting ☐ Burning ☐ Numb

Other:_____

FAMILY & PERSONAL HISTORY

Please list family members (or yourself) who have the following conditions:

Cancer:	Eczema/Psoriasis:
Stroke:	Arthritis:
Diabetes:	Allergies:
Heart disease:	Asthma:
High blood pressure:	Addictions:
Autoimmune disease:	Liver/Gallbladder issues or disease:
Thyroid issues or disease:	Kidney/Bladder issues or disease:
Stomach/Intestine issues or disease:	Mental Illness:
Male reproductive system issues:	Female reproductive system issues:

Two Souls Yoga
469 Bouchard Street, Suite 219
Sudbury, Ontario
P3E 2K8

Tel: 705-522-6222
Fax: 705-522-6222
info@twosoulsyoga.com
www.twosoulsyoga.com

Dr. Kassandre Goupil, DC

List major childhood illnesses: (ear infections, strep throat, tonsillitis, chicken pox, measles, etc.)

_____

Please list hospitalizations, surgeries, major accidents/injuries, x-rays, diagnostic ultrasounds, CTs, MRIs, etc.

Year: _____ Description:

_____

Year: _____ Description:

_____

Year: _____ Description:

_____

Year: _____ Description:

_____

Please list supplements you are currently taking:

1. _____ (Brand) (Supplement Name) (Daily Dose)
2. _____ (Brand) (Supplement Name) (Daily Dose)
3. _____ (Brand) (Supplement Name) (Daily Dose)
4. _____ (Brand) (Supplement Name) (Daily Dose)
5. _____ (Brand) (Supplement Name) (Daily Dose)
6. _____ (Brand) (Supplement Name) (Daily Dose)
7. _____ (Brand) (Supplement Name) (Daily Dose)
8. _____ (Brand) (Supplement Name) (Daily Dose)
9. _____ (Brand) (Supplement Name) (Daily Dose)
10. _____ (Brand) (Supplement Name) (Daily Dose)

Two Souls Yoga
469 Bouchard Street, Suite 219
Sudbury, Ontario
P3E 2K8

Tel: 705-522-6222
Fax: 705-522-6222
info@twosoulsyoga.com
www.twosoulsyoga.com

Dr. Kassandre Goupil, DC

Read the following questions and fill in the number that applies:

0 (leave blank) = Never consume or use
1 = Consume or use several times per month
2 = Consume or use weekly
3 = Consume or use daily

DIET

____ Alcohol
____ Artificial sweeteners
____ Candy or other sweets
____ Pop/soda
____ Chewing tobacco
____ Cigarettes
____ Cigars/pipes
8. _____ Coffee
9. _____ Fast food
10. _____ Fried foods
11. _____ Luncheon meats/hot dogs
12. _____ Margarine
13. _____ Milk/cheese/yogurt, etc.
14. _____ Non-herbal tea
15. _____ Refined flour/baked goods
16. _____ Refined sugar
17. _____ Vitamins and minerals
18. _____ Water, distilled
19. _____ Water, tap
20. _____ Water, well
21. _____ Diet often (Y or N)

LIFESTYLE

_____ Exercise (3 = 5+ times per week, 2 = 2-4 times per week, 1 = once per week, 0 = none)
_____ Stress (3 = heavy/chronic, 2 = moderate/often stressed, 1 = light/occasionally stressed, 0 = none)
_____ Changed jobs (3 = within last 2 months, 2 = within last 6 months, 1 = within last 12 months)
_____ Divorced (3 = within last 6 months, 2 = within last year, 1 = within last 2 years, 0 = never)
_____ Work over 40 hours/week (3 = always, 2 = usually, 1 = occasionally, 0 = never)

MEDICATIONS

Indicate with a check mark any medications you're currently taking or have taken in the past month and dosage (if known):

_____ Antacids
_____ Antibiotics
_____ Anticonvulsants
_____ Antidepressants
_____ Antifungals
_____ Aspirin/Ibuprofen
_____ Asthma inhalers
_____ Beta blockers
_____ Birth control
_____ Chemotherapy
_____ Cortisone
_____ Diabetic medications
_____ Diuretics
_____ Heart medications
_____ High blood pressure
_____ Hormone Therapy
_____ Laxatives
_____ Insulin
_____ Recreational drugs
_____ Relaxants/Sleeping pills
_____ Thyroid medication
_____ Tylenol/acetaminophen
_____ Ulcer medications
OOther: _____

Two Souls Yoga
469 Bouchard Street, Suite 219
Sudbury, Ontario
P3E 2K8

Tel: 705-522-6222
Fax: 705-522-6222
info@twosoulsyoga.com
www.twosoulsyoga.com

Dr. Kassandre Goupil, DC

Informed Consent and Request for Chiropractic Care

As a patient, I have the right to be informed about my health condition(s) and recommended treatments. Dr. Kassandre Goupil will discuss the potential benefits, risks and alternatives involved. After signing this consent form, I understand I can withdraw consent at any time.

I recognize that even the gentlest therapies may potentially have complications in very young children, in the elderly, or in those on multiple medications. Hence, the information I have provided is complete and inclusive of all health concerns and medications, including over-the-counter medications, supplements, and herbs.

I give my written consent for evaluation and treatment. I intend this as a consent form to cover my entire course of treatments including any future conditions for which I seek treatment.

_____	_____	_____
Printed Name	Signature	Date