Oakville
Natural Health Clinic of Halton
Naturopath Osteopath Massage Therapy Acupuncture Orthotics Psychotherapy ...

Natural Health Clinic of Halton
109-3075 Hospital Gate, Oakville, ON, L6M 1M1
Tel: (905) 582-2360 Fax: (905) 582-2321
Email: contact@nhchalton.com

Chart

Patient Name:
Date of Birth:
Address:
Phone:
Email:

DO YOU HAVE ANY OF THE FOLLOWING? (check all or "NONE")

☐ FEVER
☐ CHILLS
☐ SORE THROAT
☐ NASAL CONGESTION
☐ COUGH
☐ HEADACHE
☐ BODY ACHES
☐ LOSS OF SMELL OR TASTE
☐ FATIGUE
☐ NONE OF THE ABOVEE

HAVE YOU HAD ANY OF THE FOLLOWING IN THE PAST TWO WEEKS? (check all or "NONE")

☐ FEVER
☐ CHILLS
☐ SORE THROAT
☐ NASAL CONGESTION
☐ COUGH
☐ HEADACHE
☐ BODY ACHES
☐ LOSS OF SMELL OR TASTE
☐ FATIGUE
☐ NONE OF THE ABOVE

HAS ANY FAMILY MEMBER OR CLOSE CONTACT HAD ANY OF THE FOLLOWING IN THE PAST TWO WEEKS? (check all or "NONE")

☐ FEVER
☐ CHILLS
☐ SORE THROAT
☐ NASAL CONGESTION
☐ COUGH
☐ HEADACHE
☐ BODY ACHES
☐ LOSS OF SMELL OR TASTE
☐ FATIGUE
☐ NONE OF THE ABOVE

Have you been in contact with someone known to have coronavirus (COVID-19)?

☐ YES ☐ NO

Please explain

What is your pain level currently?
☐ 0 - No pain ☐ 1 - Hardly notice pain ☐ 2 - Notice pain, does not interfere with daily activities ☐ 3 - Sometimes distracts me ☐ 4 - Distracts me, can do usual activities ☐ 5 - Interrupts some activities ☐ 6 - Hard to ignore, avoid usual activities ☐ 7 - Focus of attention, prevents doing daily activities ☐ 8 - Awful, hard to do anything ☐ 9 - Can't bear the pain, unable to do anything ☐ 10 - As bad as it could be, nothing else matters

Do you agree to come alone to the office only at your specific time, pay with a credit card via online invoice, and leave immediately if asked (i.e. if you have any symptoms mentioned above)?

☐ YES ☐ NO