Have you had treatment for this current condition? Yes No, If Yes, what:			
Can you perform daily home activities?	Yes	Yes, but only with help	🗌 Not at all
Can you perform your daily work activities?	🗌 All activitie	es 🗌 Only some activities	Not at all
Describe your stress level	None	Mild Moderate	🗌 High
Do you exercise?	Daily	Occasionally	Not at all
What kinds of exercise do you do?			
List all previous surgeries, illnesses, injuries (including MVA):			
List all medications, over the counter and prescriptions, supplements, vitamins, herbal supports, aspirin, etc.:			
Family health history for mom, dad, siblings, cl and have a tendency to occur in families):	-		editary spinal weakness
,			

When you receive health services from this clinic, we will collect individually identifying health information in accordance with the provisions of the Health Information Act (HIA). We will collect this health information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information. For more information, please discuss with our staff at the front desk or contact Student Wellness Services via email: sd.swas@ucalgary.ca, phone: 403.210.9355, or fax: 403.282.5218.

Our team is here to help you. We will do everything we can to treat you with respect and courtesy. The University of Calgary is committed to providing a workplace that respects and promotes human rights, personal dignity, and health and safety. Please treat our team members with respect. Our team members have the right to work in a safe environment and are here to help you. We will not tolerate harassment, bullying, discrimination, violence, physical aggression, verbal abuse, or any disrespectful behavior.