

**PRE-VISIT QUESTIONNAIRE**

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Please give  
address where  
assessment will  
take place**

\_\_\_\_\_

Tel.: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Attended CCO record keeping workshop:  Yes  No

If yes, note date and location: \_\_\_\_\_

**PEER INFORMATION**

1. Type of practice:

- solo/private
- multi DC
- multidisciplinary
- not in active practice at this time

2. If you practise in a multi DC office, does your associate(s) wish to be peer assessed as well (i.e. if they have not already been peer assessed)

 Yes                      Name: \_\_\_\_\_

*Please have him/her contact Dr. J. Bruce Walton, Director of Professional Practice, CCO, at 416-922-6355, ext. 106 or at [bwalton@cco.on.ca](mailto:bwalton@cco.on.ca)*

3. If you do not actively see patients, at this time, in what capacity do you work as a chiropractor? (Please note: if you do not actively see patients you will undergo a **modified assessment** which will not involve reviewing any patient files. Therefore you are not required to submit any sterilized files.)\_\_\_\_\_  
\_\_\_\_\_

4. Do you use any diagnostic tests or practice techniques in your office that would not be considered usual or customary in a chiropractic office?

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5. Do you offer additional services/products, such as acupuncture, homeopathy, rehabilitation, vitamins? If yes, please specify:

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6. Does your office offer allied services, such as massage therapy, naturopathy, physiotherapy? If so, please specify:

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7. Do you take your own x-rays?

Yes       No

8. What languages do you speak?

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9. What degrees/qualifications or specialties do you possess?

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10. Name of chiropractic school you graduated from and date of graduation:

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**Please forward to CCO a sample of your BLANK clinical charts/forms, a list of abbreviations and short forms used (if any), informed consent forms, and one current sterilized patient file (i.e., copy of a patient file with the patient's name, address, telephone number and other personal information blacked out/removed).**

*For additional information:*

Dr. J. Bruce Walton,  
Director of Professional Practice, CCO  
Tel: (416) 922-6355, ext. 106  
Email: bwalton@cco.on.ca