



Confidential Patient Information

Name _____ Date _____

COMPLETE ALL QUESTIONS

If any questions do not apply to you write NA

All patients' information is confidential and is release to others only with your permission. Answering all questions helps the doctor determine the extent of your health problems and verifies that they have a chiropractic solution. If we do not sincerely believe that we can help you, we will find someone who can.

What hurt's today? _____

Check primary reason for your visit: Work related Auto Accident Other

My health has been: Rapidity getting worse Staying about the same Getting better Gradually getting worse

How often do you feel pain? 100% 75% 50% 25%

Please describe your pain and circle as many as may apply: Severe Very Severe Gripping Constant Frequent
 Intermittent Occasional Moderate Mild burning Stiffness Stabbing Dull Soreness Numbing Tingling
 Throbbing Pressure Tension

Your pain is worse in your: Head Neck Back(mid/lower) Shoulders(R/L) Right Leg Left Leg Right Hip
 Left Hip Right Arm Left Arm Right knee Left knee Right Foot/ Ankle Left foot/ ankle Right elbow Left
 elbow ALL of these NONE of these

Have you ever had a spine x-ray, CT, MRI (please circle)

What body part _____ and what facility _____

What surgeries have you had? _____

List all previous accidents, serious falls, broken bones (auto, work, home, leisure, sports, other) circle one----- date occurred _____

List all supplements, prescription drugs and non- prescription you take on regular basis: _____

Do you physically exert yourself? Frequently Occasionally Rarely Never

Please list any allergies food and Medicine: _____

