Case History

Welcome to our office! Please take a couple moments to provide the following information.

Name _____ Date _____

Address _____
(Street Address) City State Zip

Home Phone ( ) _____ Work Phone ( ) _____ ext ____

Date of Birth _____ Age _____ Social Security # _____

Occupation _____ Employer _____

Marital Status S M D W Name(s) & Ages of Children _____

Have you ever received chiropractic care? ☐ Yes ☐ No

Who may we thank for referring you? _____

Name & phone #s of an emergency contact? _____

Optional for Insurance: _____
Spouse's Name SS# D.O.B.

Email Address _____

BACK ON TRACK
CHIROPRACTIC
& WELLNESS
CENTER

Doctor's Office Use

Patient:_____

Patient#:_____

Date:_____

Let's begin when you first damaged your nervous system, lost your wellness & began your journey to ill health.

YES	NO		COMMENTS
☐	☐	Childhood sickness?	
☐	☐	Did/do you smoke?	
☐	☐	Did/do you drink any alcohol?	
☐	☐	Do you eat a healthy diet?	
☐	☐	Do you drink plenty of water?	
☐	☐	Have you been in any accidents?	
☐	☐	Any surgeries or organs removed? Please List	
☐	☐	Are you presently taking any medications? Please List	
☐	☐	Do you exercise regularly?	
☐	☐	Sleeping habits/Nightmares?	
☐	☐	Did/do you have occupational stress?	
☐	☐	Physical stress?	
☐	☐	Mental stress?	
☐	☐	Hobbies/sports injuries?	
☐	☐	Any broken bones?	
☐	☐	Other traumas or problems?	
☐	☐	Any other information you feel may be relevant?	

Present Complaint

Major complaint _____

Problem began on _____

Type of pain: ☐ Sharp ☐ Dull ☐ Constant ☐ On and Off

What activities aggravate your condition/pain? _____

Do any activities lessen your pain? _____

Does your condition worsen at certain times of the day? _____

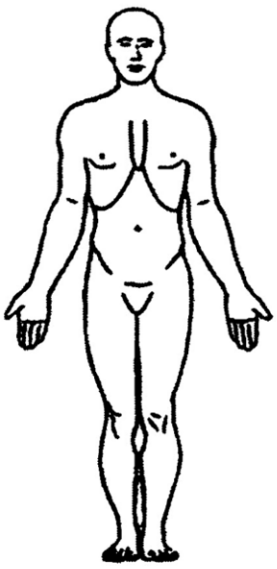
Does your condition interfere with: ☐ Work ☐ Sleep ☐ Routine ☐ Other?

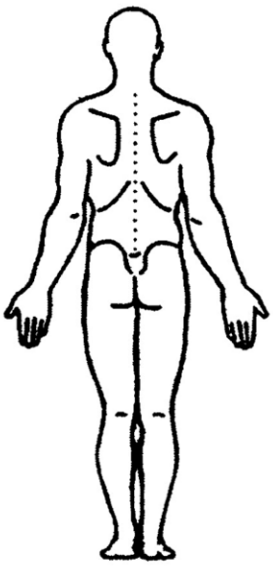
Is your condition getting progressively worse? _____

Have you seen any other doctors? _____

Any home remedies? _____

Please indicate below the places you are feeling pain:





Other: _____

_____

_____

_____

_____

_____

Please mark on the figures where you feel pain.