



Is this a work related injury? Y N Is the condition: Worsening Improving Staying the same

When did your present complaints occur? \_\_\_\_\_

Activities/Body functions affected? (walking, sitting, standing, working) \_\_\_\_\_

Is this condition interfering with your: Work Sleep Recreation Dates Missed: \_\_\_\_\_

Have you had this condition in the past? Y N If so, when? \_\_\_\_\_

What treatment did/have you received? \_\_\_\_\_

What type of care are you interested in: Temporary Relief Lasting Correction Best Care Possible

Name & location of previous chiropractor \_\_\_\_\_

Approximate date of last chiropractic treatment \_\_\_\_\_

Have you ever experienced the following, if so give approximate date & describe injury briefly:

Auto Accident \_\_\_\_\_ Motorcycle accident \_\_\_\_\_

Falls or other injuries \_\_\_\_\_ Spinal or neck injuries \_\_\_\_\_

Broken bones \_\_\_\_\_ Knocked unconscious \_\_\_\_\_

Surgeries \_\_\_\_\_

Please mark any of the following that apply to your current/past medical history:

Allergy	Foot trouble	Jaundice	Diabetes	Fatigue	Difficulty swallowing
Asthma	Frequent urination	Polio	Enlarged glands	Stiff/painful neck	Dentures
Difficulty breathing	Painful urination	Spinal curvature	Vomiting	Numbness arms	Surgery
Shortness of breath	Bladder infection	Cancer	Itching	Weakness in arms	Varicose veins
Heartburn	Kidney infection	Poor circulation	Nasal congestion	Arm pain	Gall bladder issue
Hiatal hernia	Belching or gas	Vomiting of blood	Chronic cough	Nervousness	Rapid heart beat
Hyperactivity	Colon trouble	Hay fever	Heart attack	Stomach aches	Erratic heart beat
Liver trouble	Bed-wetting	Eczema/hives	Chest pain	Diarrhea	Pacemaker
Low back pain	Poor urine control	Painful tailbone	Stroke	Constipation	Low blood pressure
Weakness in legs	Prostate trouble	Mid back pain	Heart disease	Nausea	High blood pressure
Numbness in legs/feet	Blood in urine	Knee pain	Hardening of arteries	Broken bones	Ringing in ears
Leg pain	Swollen joints	Sciatica	Arthritis	Tumor	Poor hearing
Shoulder Pain	Kidney stones	Loss of weight	Gout	Spitting up blood	Bruise easily
Bursitis	Headaches	Fainting	Hemorrhoids	Depression	Emphysema
Stomach ulcer	Migraines	Thyroid trouble	Convulsions	Burning sensations	Anemia
Sprained ankle	Nosebleeds	Loss of sleep	Rheumatic fever	Bad posture	Poor appetite
Swollen ankles	Tuberculosis	Sore throats	Sinus infection	Angina	Excessive hunger

For Women Only:

Premenstrual tension	Unable to get pregnant
Menopausal symptoms	Menstrual cramps
Excessive flow	Hysterectomy
Tubal ligation	Lumps in breast
Miscarriage	Irregular cycle

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Infinite Health Chiropractic & Wellness Center will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Infinite Health Chiropractic & Wellness Center will be to my account on the receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_