

Dr. John P. Jones, D.C., Director

Delhi Chiropractic Associates

5330 Rapid Run Road • Cincinnati, Ohio 45238 • (513) 451-1115 • Fax: 451-0934

Specializing in "Evidence-Based" Chiropractic Care

Welcome to Our Office!

NEW PATIENT INFORMATION

		÷()	Account Number:	
First Name	Middle Name		.ast Name	
Suffix: Called Name:_		De		
Street Address				
City	State_	9	Zip Code	
Home Phone	Cell Phone			
E-mail:	Sex: Male	8	atus: Single Married Divorced W	
Date of Birth	Social Security Nu	mber		
Do you wish that we use your Household N	lailing Address when cor	responding with you:	Yes	
Referred by	Date of Acc	ount, your "initial visi	t" to our office:	
Work Status: Employed Unemployed	full Time Student	Part-Time Student	Other:	
Account Category: Cash Medic	are Major Medica	al Personal Injury	Workers' Comp. PPO HMO	
Patient's Employer		Occupation		
Employer's Address		Phone#:		
Worker's Compensation#	Date o	of Injury	MCO	
Name of Insurance Carrier:	Inst	ured ID#:	Group#	
Name of secondary Ins. Co.:	Insured ID)#:	Group#	
Person Responsible for Payment, if Not Ab	ove			
Relationship		Address		
Phone number	Cell	number		
EMERGENCY INFORMATION: Name of clo	sest relative not living wi	th you		
RelationshipPhon	e	Address		
OFFICE USE ONLY:				
Diagnosis				
		CO-PA	Υ:	

Patient Health Questionnaire - PHQ

ACN Group, Inc. - Form PHQ-202

ACN Group Use Only rev 9/11/2002

Patient Name	Date		
1. Describe your symptoms			
a. When did your symptoms start?			
		4.14	*
b. How did your symptoms begin? 2. How often do you experience your symptoms? ① Constantly (76-100% of the day)	Indicate where you have	pain or other symptom	1S
 Frequently (51-75% of the day) Occasionally (26-50% of the day) Intermittently (0-25% of the day) 			
 3. What describes the nature of your symptoms? ① Sharp ② Dull ache ③ Burning ③ Numb ⑥ Tingling 	The state of the s	The Time of the second	This of the state
 How are your symptoms changing? ① Getting Better ② Not Changing ③ Getting Worse 			
. During the past 4 weeks: a. Indicate the average intensity of your sympton	None	(4)(5)(6)(7)	Unbearable ③ ④
b. How much has pain interfered with your norma	al work (including both work outsi	de the home, and housew	
① Not at all ② A little bit	3 Moderately	Quite a bit	© Extremely
During the past 4 weeks how much of the time (like visiting with friends, relatives, etc)	has your condition interfere	d with your social acti	vities?
① All of the time ② Most of th	e time 3 Some of the time	A little of the time	⑤ None of the time
In general would you say your overall health rig	ht now is		
① Excellent ② Very Good		Fair	⑤ Poor
Who have you seen for your symptoms?	No One Other Chiropractor	③ Medical Doctor④ Physical Therapist	Other
a. What treatment did you receive and when?			
b. What tests have you had for your symptoms and when were they performed?	① Xrays date:	③ CT Scan date:	
and writer word they periorned?	2 MRT date:	- 4 Other date:	
Have you had similar symptoms in the past?	① Yes	2 No	
a. If you have received treatment in the past for the same or similar symptoms, who did you see?	This Office Other Chiropractor	③ Medical Doctor④ Physical Therapist	⑤ Other
. What is your occupation?	 Professional/Executive White Collar/Secretarial Tradesperson 	 Laborer Homemaker FT Student 	RetiredOther
a. If you are not retired, a homemaker, or a student, what is your current work status?	① Full-time ② Part-time	③ Self-employed④ Unemployed	⑤ Off work⑥ Other
tient Signature		Date	



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Dationt Mana	Date	
Patient Name	Date	

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- (1) The pain comes and goes and is very mild.
- ① The pain is mild and does not vary much.
- ② The pain comes and goes and is moderate.
- (3) The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- (5) The pain is very severe and does not vary much.

Sleeping

- ① I get no pain in bed.
- 1 get pain in bed but it does not prevent me from sleeping well.
- ② Because of pain my normal sleep is reduced by less than 25%.
- 3 Because of pain my normal sleep is reduced by less than 50%.
- 4 Because of pain my normal sleep is reduced by less than 75%.
- (5) Pain prevents me from sleeping at all.

Sitting

- ① I can sit in any chair as long as I like.
- ① I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- (5) I avoid sitting because it increases pain immediately.

Standing

- ① I can stand as long as I want without pain.
- 1 have some pain while standing but it does not increase with time.
- ② I cannot stand for longer than 1 hour without increasing pain.
- (3) I cannot stand for longer than 1/2 hour without increasing pain.
- (4) I cannot stand for longer than 10 minutes without increasing pain.
- ⑤ Lavoid standing because it increases pain immediately.

Walking

- ① I have no pain while walking.
- 1 have some pain while walking but it doesn't increase with distance.
- ② I cannot walk more than 1 mile without increasing pain.
- (3) I cannot walk more than 1/2 mile without increasing pain.
- 4 I cannot walk more than 1/4 mile without increasing pain.
- ⑤ I cannot walk at all without increasing pain.

Personal Care

- (0) I do not have to change my way of washing or dressing in order to avoid pain.
- ① I do not normally change my way of washing or dressing even though it causes some pain.
- 2) Washing and dressing increases the pain but I manage not to change my way of doing it.
- 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- (4) Because of the pain I am unable to do some washing and dressing without help.
- (5) Because of the pain I am unable to do any washing and dressing without help.

Lifting

- (i) I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- (2) Pain prevents me from lifting heavy weights off the floor.
- 3) Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 5) I can only lift very light weights.

Traveling

- ① I get no pain while traveling.
- ① I get some pain while traveling but none of my usual forms of travel make it worse.
- 2) I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ③ I get extra pain while traveling which causes me to seek alternate forms of travel.
- 4 Pain restricts all forms of travel except that done while lying down.
- (5) Pain restricts all forms of travel.

Social Life

- My social life is normal and gives me no extra pain.
- ① My social life is normal but increases the degree of pain.
- ② Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- (3) Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- (5) I have hardly any social life because of the pain.

Changing degree of pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- ② My pain seems to be getting better but improvement is slow.
- 3 My pain is neither getting better or worse.
- My pain is gradually worsening.
- ⑤ My pain is rapidly worsening.

Back	
Index	
Score	



ACN Group, Inc. Use Only rev 11/13/01

Patient Name

Date

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① I have no pain at the moment.
- 1 The pain is very mild at the moment.
- 2 The pain comes and goes and is moderate.
- The pain is fairly severe at the moment.
- 4 The pain is very severe at the moment.
- 5 The pain is the worst imaginable at the moment.

Sleeping

- ① I have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- 2 My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderately disturbed (2-3 hours sleepless).
- 4 My sleep is greatly disturbed (3-5 hours sleepless).
- (5) My sleep is completely disturbed (5-7 hours sleepless).

Reading

- ① I can read as much as I want with no neck pain.
- 1 can read as much as I want with slight neck pain.
- 2 I can read as much as I want with moderate neck pain.
- 3 I cannot read as much as I want because of moderate neck pain.
- (4) I can hardly read at all because of severe neck pain.
- 5 I cannot read at all because of neck pain.

Concentration

- O I can concentrate fully when I want with no difficulty.
- 1 can concentrate fully when I want with slight difficulty.
- 2 I have a fair degree of difficulty concentrating when I want.
- 3 I have a lot of difficulty concentrating when I want.
- 4 have a great deal of difficulty concentrating when I want.
- (5) I cannot concentrate at all.

Work

- ① I can do as much work as I want.
- 1) I can only do my usual work but no more.
- 2 I can only do most of my usual work but no more.
- 3 I cannot do my usual work.
- 4 I can hardly do any work at all.
- ⑤ I cannot do any work at all.

Personal Care

- ① I can look after myself normally without causing extra pain.
- 1 can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- 3 I need some help but I manage most of my personal care.
- 4 I need help every day in most aspects of self care.
- (5) I do not get dressed, I wash with difficulty and stay in bed.

Lifting

- ① I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can only lift very light weights.
- (5) I cannot lift or carry anything at all.

Driving

- ① I can drive my car without any neck pain.
- 1 can drive my car as long as I want with slight neck pain.
- 2 I can drive my care as long as I want with moderate neck pain.
- 3 I cannot drive my car as long as I want because of moderate neck pain.
- 4 I can hardly drive at all because of severe neck pain.
- ⑤ I cannot drive my car at all because of neck pain.

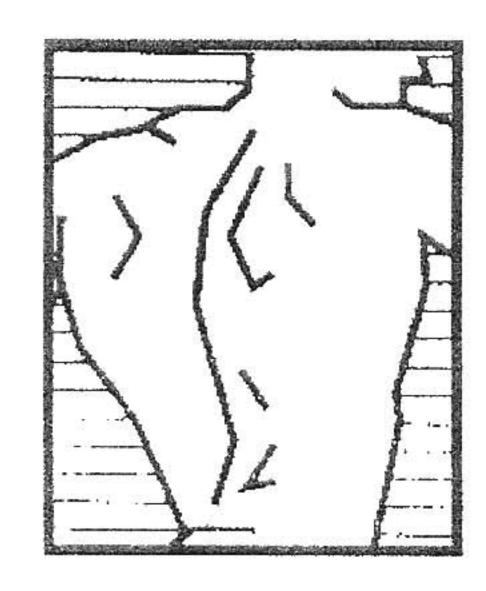
Recreation

- I am able to engage in all my recreation activities without neck pain.
- 1 am able to engage in all my usual recreation activities with some neck pain.
- 2 I am able to engage in most but not all my usual recreation activities because of neck pain.
- 3 I am only able to engage in a few of my usual recreation activities because of neck pain.
- 4 I can hardly do any recreation activities because of neck pain.
- (5) I cannot do any recreation activities at all.

Headaches

- ① I have no headaches at all.
- 1 have slight headaches which come infrequently.
- 2 I have moderate headaches which come infrequently.
- ③ I have moderate headaches which come frequently.
- 4 I have severe headaches which come frequently.
- (5) I have headaches almost all the time.

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Family History

Check any diseases which your relatives have had.

Relatives	Arthritis	Cancer	Diabetes	Heart Disease	Stroke	Kidney Disease	Thyroid Disease
Father							
Mother							
Brothers							
Sisters							
Grandparents—							

Hospitalizations

Ilness (Description)	Year	Hospital
Surgery (Description)	Year	Hospital
ave you ever been in a previous acci	ident? □ Yes □ No	If so, please elaborate.
ave you ever been in a previous acci	ident? □ Yes □ No	If so, please elaborate.
ave you ever been in a previous acci	ident? □ Yes □ No	If so, please el
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UNIVERSAL MEDICATION FORM

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