

**CASE HISTORY**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 H. PHONE \_\_\_\_\_ C. PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
 REFERRED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ EMAIL \_\_\_\_\_  
 \_\_\_\_\_ MARITAL STATUS: S M D W SPOUSE'S  
 NAME \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_  
 # OF CHILDREN & AGES \_\_\_\_\_ EMERGENCY CONTACT (NAME AND PHONE  
 #) \_\_\_\_\_  
 HAVE YOU EVER RECEIVED CHIROPRACTIC CARE? \_\_\_\_\_ YES \_\_\_\_\_ NO

**ABOUT YOUR HEALTH**

The human body is designed to heal itself. Throughout life, events occur that damage your nerve system resulting in poor health. This case history uncovers these years of damage. Following your exam, the doctor will outline a course of care to begin to correct these layers of damage and help recover your body's inborn healing potential.

Let's begin at birth when you first damaged your nerve system...

		PATIENT COMMENT IF ANSWER IS "YES"	DOCTOR'S COMMENTS
<b>YES</b>	<b>NO</b>		
<b>1. BIRTH PROCESS</b>			
_____	_____	Did your mother experience any falls/injuries during pregnancy? _____	_____
_____	_____	Was the delivery long? _____	_____
_____	_____	Was the delivery difficult? _____	_____
_____	_____	Forceps used? _____	_____
_____	_____	C-Section? _____	_____
_____	_____	Breech? _____	_____
_____	_____	Home birth? _____	_____
_____	_____	Hospital birth? _____	_____
_____	_____	Mother given drugs during delivery? _____	_____
_____	_____	Was labor induced? _____	_____
<b>2. GROWTH AND DEVELOPMENT (BIRTH THROUGH TEENAGE YEARS)</b>			
_____	_____	Were you taught how to care for your spine? _____	_____
_____	_____	Did you roll out of bed? _____	_____
_____	_____	Did you have childhood sickness? _____	_____
_____	_____	Did you have accidents? _____	_____
_____	_____	Did you have surgery? _____	_____
_____	_____	Did you take drugs? _____	_____
_____	_____	Chair pulled out from under you? _____	_____
_____	_____	Did you fall down stairs? _____	_____
_____	_____	Were you yanked by your arm? _____	_____
_____	_____	Did you have other traumas? _____	_____

**(OVER)**

YES NO

3. Other possible health deficiencies

Form with 10 rows of questions and checkboxes for YES/NO. Questions include: Did/do you smoke?, Did/do you drink any alcohol?, Diet (Do you eat healthy foods?), Have you been in accidents?, Have you had surgery & organs removed/replaced?, Did/do you take drugs prescriptive or non-prescriptive?, Did/do you have occupational stress?, Did/do you have physical stress?, Did/do you have mental stress?, Did/do you have sports injuries?

YOUR REASON FOR STARTING CARE IN OUR PRACTICE

The years of continuing damage now show up as acute or chronic symptoms...

Form for patient history including: Present complaint, Pain or problem started on, Pains are (SHARP, DULL, CONSTANT, INTERMITTENT), Intensity (1-10), Frequency (DAILY, 2-3 TIMES WEEKLY, SPORADIC), and questions about timing and interference with work/sleep.

OTHER SYMPTOMS:

Grid of symptoms for patient to check: HEADACHES, NECK PAIN, SLEEPING PROBLEMS, BACK PAIN, NERVOUSNESS, TENSION, IRRITABILITY, CHEST PAIN, DIZZINESS, FACE FLUSHED, NECK STIFF, PINS & NEEDLES IN LEGS, NUMBNESS IN FINGERS, NUMBNESS IN TOES, SHORTNESS OF BREATH, FATIGUE, DEPRESSION, LIGHT BOTHERS EYES, LOSS OF MEMORY, EARS RING, FEVER, FAINTING, LOSS OF SMELL, LOSS OF TASTE, DIARRHEA, COLD FEET, COLD HANDS, STOMACH UPSET, CONSTIPATION, COLD SWEATS, LOSS OF BALANCE, BUZZING IN EARS, OTHER SYMPTOMS.

Form with questions: Have you been under medical care recently for this problem?, Have you been taking prescriptive/non-prescriptive drugs?, Have you had surgery?, Any side effects from drugs or surgery?, Is there a family history of: HEART DISEASE, ARTHRITIS, CANCER, DIABETES, OTHER. Includes checkboxes for Father's side and Mother's side.

ABOUT YOUR CARE

Chiropractic provides three types of care: The first is Initial Intensive Care, which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. Then begins Reconstructive Care, which corrects the years of damage that occurred when there were few symptoms that were noticed. Chiropractic also offers a genuine approach to Wellness Care which is designed to help keep you healthy throughout your entire life. All of these options will be explained at your report of findings. You will then be able to begin a course of care that fits your health goals.