## **CHIROPRACTIC INTAKE & HISTORY**



atient Name					Employer	/ School			
		LAST NA	AME		Occupatio	on			
ddress	FIRST NAME		MIDDLE	INITIAL		Name			
ity		9	State Zir	)		Employer			
(4.5)									
ome Phone						Occupation			
			Provider			OF EMERGENCY, C			
mail					Name				
ex 🗆 M	F Age	В	Birthday		Relationsh	nip			
Married	□ Widow	ed 🗆 S	Single -	Minor	Contact N	lumber			
Separated	☐ Divorce	ed 🔲 l	Partnered		Who may	we thank for referri	ng you?		
IOW CAI	N WE HE	ELP YO	U?						
/hat brings you	u in today? _								
you are alread	dy experiencin	ng a sympton	n, what is it?						
ow bad is it? I	How intense a	ıre your symp	ptoms? (circle	NO SYMPTON		3 4 6	6 6		MTENSE
lease circle are	eas to the righ	nt where you	have pain or	other sympto	oms:	المالية	3 2		
/hat does it fe	el like? (chec	k where app	ropriate)				// //	\	
Numbness		Sharp					// \\		
Tingling		Shooting				(g) X (g)	6/4/6	5)	
Stiffness		Burning							
Dull		Throbbing				) )( (	) // (		
Aching		Stabbing				( )( )	( )( )		
Cramping		Swelling				\()/	\()/		
Nagging		Other				) \( (	) // (		
Nagging		Other							
MPACT	OE VOIII	D CVM	OTOMS						
				io0 (chack of	oro opproprieta				
ow is this sym	No Effect	Mild Effect	Moderate Effect	e? (check wr Severe Effect	nere appropriate)	No Effect	Mild Effect	Moderate Effect	Seve
/ork					Energy				
xercise					Attitude				
ACIOISC					Patience				
ecreation					Productivity				
ecreation elationships					Creativity				
ecreation elationships leep					•		_	1000	
ecreation elationships	<u> </u>			0	Other				

4	IL	LNESS-	-WELL	NESS CO	NTINU	JUM			
PRE-				MFORT					
MATURE -	Disease Deve	loping —			— Wellne	ss Devel	oping —	HIGH-LE	
DEATH			(FALS	E WELLNESS)				WELLN	IESS
0	1 2	3	4	5 6	7	8	9	10	
DISEASE	POOR H	IEAL TH		NEUTRAL	00	OOD HEALTI		OPTIMAL HE	AL TU
Multiple medications	Symp	toms	No	symptoms	Re	gular exercis	e	OPTIMAL HE	tion
Poor quality of life Potential becomes limited	Drug th Surg	gery	Exer	on inconsistent cise sporadic	Well	ood nutrition ness educati	ion	Continuous deve Active particip	oation
Body has limited function	Losing norm	nal function	Health r	not a high priority	Minimal	nerve interfe	erence	Wellness life	style
On the arrow diagram abo									
A. What number do you	think represents y	your health to	day?						
B. In what direction is yo	our health currentl	y headed? _							
What are your health goals	s?								
IMMEDIATE									
SHORT TERM									
How many children do you	u have?							□ Yes, I am due	
How many children do you	u have?			Number	of past pre	gnancies?			
How many children do you	u have?			Number	of past pre	gnancies?			
How many children do you Childrens' ages? Childrens' health concerns	u have?s?			Number Health co	of past preg	gnancies? parding this	pregnand		
How many children do you Childrens' ages? Childrens' health concerns HEALTH & ILLN	IESS HIST			Number Health co	of past preg	gnancies? arding this beside any	pregnand	cy?	or have l
How many children do you Childrens' ages? Childrens' health concerns  HEALTH & ILLN  AIDS/HIV	IESS HIST	ORY	es	Number Health co	of past preg	gnancies? arding this beside any	pregnand y conditio	cy?	or have l
How many children do you Childrens' ages? Childrens' health concerns  HEALTH & ILLN  AIDS/HIV  Alcoholism	J have?S?Ci	ORY rculation Issu	es	Number Health co	of past pred oncerns reg eck the box aches / Mig	gnancies? arding this beside any	pregnand y conditio	on that you have o	or have h
How many children do you Childrens' ages? Childrens' health concerns  HEALTH & ILLN AIDS/HIV Alcoholism Anxiety	IESS HIST  Ci Cr	ORY rculation Issu	es	Number Health co	of past preconcerns reg	gnancies? arding this beside any	y conditio	on that you have on Ringing in Ears	or have h
How many children do you Childrens' ages? Childrens' health concerns  HEALTH & ILLN  AIDS/HIV Alcoholism Anxiety Arteriosclerosis	have?    SP	ORY rculation Issue nildhood Illnes epression abetes gestive Issues	es es	Please che  Please che  Head  Head  Heart	of past pred procerns reg eck the box aches / Mig Disease titis	gnancies? arding this beside any	y conditio	n that you have on that you have on that you have on that you have on the state of	or have h
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