

Date:	
Date.	

Personal Informatio								Date of Birth:	
Address:									
Home Phone:									
E-mail:									
Marital Status: ☐ Single ☐ How did you find our office?	Married	☐ Divorced	☐ Wid		ķī:a	grass sot nea	20.953		
Have you seen a chiropractor in th	ne past? 🖵 \	∕es ☐ No						,	
f yes: Who did you see?			Whe	n?		_ Where you p	leased	with the result	ts? 🛘 Yes 🔲 N
History Form:								1.0	
What brought you into our office to	odav?								
If you are in pain, when and how o							N) 100,	To observe the de-la	foren la estí do la
Have you had this pain before?	Yes 🛄	No If Yes, Wher	1	De 14 .		avalano, but			alter year recoal
Please circle the severity of the pa									
1	2	3 4	5	6	7	8	9	10	
no pain							е	xtreme pain	
		{ }		()					
On the diagram, please draw where					1	Please check the following descriptor(s) that descr what you feel in relation to your current condition:			
you feel the concern, pain or symp				1					
					11	☐ Sharp		Numbness	☐ Cool/Cold
		9/1+11	1	911	113	☐ Dull		Tingling	
			,			☐ Achy		Stabbing	-
					1	Burning		Shooting	☐ Tension
) () ((Other	-0,00	to any amount who are	Broken and the party
Does this pain radiate, travel or		. 20			2			20.3 2550200 (6)6	
shoot to any other areas in your b	ody? 🖵 Yes	☐ No If yes,	where?_	ar off to be		5 50 80 07			
Do you have any numbness or tin	gling in your	body? 🖵 Yes	☐ No It	f yes, whe	re?				
Is your complaint getting better, g	etting worse,	or unchanged si	nce it be	gan?			West State		man eletiten
Is there any daily activity that you	have difficult	ty with or can no	longer de	o?					
Does anything make the pain wor	rse? 🖵 Yes	☐ No If yes, v	vhat?			100			
Does anything make the pain bet	ter? 🖵 Yes	☐ No If yes, w	/hat?				15.15	Name and the	10A 10A (13
What previous interventions, trea	tments, medi	cations, surgery	or care h	ave you s	ought '	for this complai	int?		
		a spint to the		. p = 30% 20%		al no. In this total	LINE B		AND THE PERSON NAMED IN
Past History:									
Family Health History (for examp	le, heart dise	ase, diabetes, ca	ancer):				138		
What previous illnesses or injurie	s have you h	ad in your life? _		n Miner	* 7 1				
Do you have allergies? Yes	☐ No If yes	s, to what?							

Medication								
Medication		Reason for taking						
		1000	renitemental lements					
and the state of								
emwer!	190		5700					
Have you had surgeries in the past? Yes No If ye	es, please list:							
Reason for surge	ry	nill have no	Approximate date of surgery					
Section and the companion becomes a section			Torse and make the series					
			Tar committee and all					
Social and Occupational History:								
What are the physical demands of your job?								
What are your recreational activities including your physic	al exercise activit	ties?						
What are your personal health goals? (For example, weig	ht loss, cessation	of smoking, physical	fitness, etc.)					
	,	3/1 /						
What is your level of stress right now in the following area	s?		1004 91					
Please mark from 1 (no stress) to 9 (very stressed)								
physical mental	social	_ emotional _	chemical					
Consent to Chiropractic Adjustments/ I hereby request and consent to the performance of chiropractic adjustm agnostic x-rays on me by Dr. Daniel Wilhelmus, Chiropractor and/or Dr. ropractor and/or anyone working in this clinic authorized by the doctors.	nents/manipulations a Angela VanDeWalle,	nd other chiropractic mana						
			rayne Willaert, Chiropractor and/or Dr. Ashley Duesling, Chi- the nature and purpose of Chiropractic adjustments and					
other procedures. I understand results are not guaranteed. I understand and I am informed that, as in all health care, in the practice injuries, rib fractures, as well as strokes. I do not expect the doctor to be	ned above and/or with e of chiropractic there e able to anticipate an	the other clinic personnel is small risk of injury. Thes d explain all risks and com	the nature and purpose of Chiropractic adjustments and e injuries include but are not limited to strains, sprains, disc plications, and I wish to rely on the doctor to exercise judg-					
other procedures. I understand results are not guaranteed. I understand and I am informed that, as in all health care, in the practice	ned above and/or with e of chiropractic there e able to anticipate an- me, based on facts kn uestions about its cont	ithe other clinic personnel is small risk of injury. Thes d explain all risks and com own, is in my best interest tents, and by signing below	the nature and purpose of Chiropractic adjustments and e injuries include but are not limited to strains, sprains, disc plications, and I wish to rely on the doctor to exercise judg-					
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