PATIENT CONDITION

HEALTH INFORMATION:

Have you ever been to a chiropractor before? ☐ Yes ☐ No

Reason for today's visit: _____

When did your symptoms appear? _____

Is this condition getting progressively worse? _____

Have you ever been seen previously by someone for the same condition? ☐ Yes ☐ No

If yes, who? _____

Have you had this or a similar condition in the past? ☐ Yes ☐ No

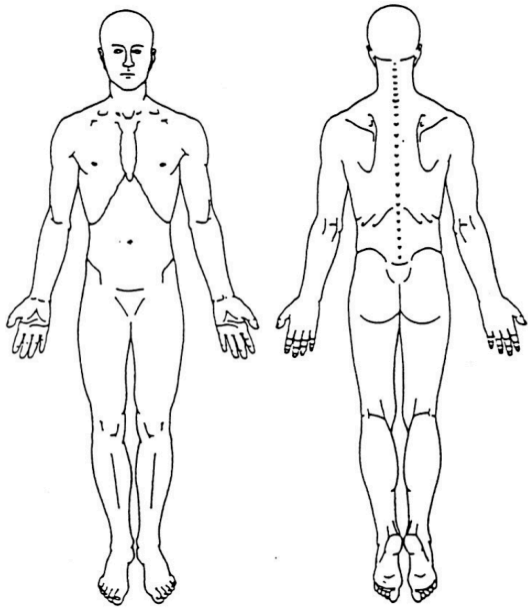
If yes, when? _____

On the diagram below, please show **where** you are experiencing **all** of your present complaints using the following letters:

A. Ache **B.** Burning **C.** Cramping **D.** Dull pain **R.** Throbbing **N.** Numbness **T.** Tingling

Current & Past Health History

☐ Headaches	☐ Cancer
☐ Tension	☐ Heart Attack
☐ Dizziness	☐ Neck Pain
☐ Shortness of Breath	☐ Chest Pain
	☐ Seizures
☐ Broken or Fractured Bones	☐ Fatigue
	☐ Pacemaker
☐ Diabetes	☐ Memory Loss
☐ Depression	☐ Fever
☐ Ringing in Ears	☐ Arthritis
☐ Fainting	☐ Diarrhea
☐ Loss of Taste	☐ Tumors
☐ Numbness	☐ Stroke
☐ Breech Baby	☐ Vertigo



Do you have pain and/or difficulty performing any of the following activities?

- ☐ Daily Routine
- ☐ Lifting
- ☐ Working
- ☐ Driving
- ☐ Sleeping
- ☐ Recreation
- ☐ Walking
- ☐ Sitting
- ☐ Standing
- ☐ Bathing/Grooming
- ☐ Dressing

Rate the severity of the pain on a scale of 1 – 10 _____

How often do you have this pain? _____

List of surgical operations and years: _____

_____

List of any medications, Vitamins, and Natural Supplements you currently take: _____

Are you wearing: ☐ Heal Lifts ☐ Sole Lifts ☐ Inner Soles ☐ Arch Supports or Orthotics

Have you been in an auto accident: ☐ None ☐ Past Year ☐ Past 5 Years ☐ Over 5 Years

If so, describe: _____

Have you had any other personal injury/accident: ☐ None ☐ Past Year ☐ Past 5 Years ☐ Over 5 Years

If so, describe: _____

REASON FOR CONSULTING THIS OFFICE:

☐ I have a specific problem and require help only with this problem.

☐ After my specific problem has been relieved, I am interested in strategies to ensure it does not return

☐ After my specific problem has been resolved and I understand methods to ensure it does not return, I am interested in strategies to improve my general health.