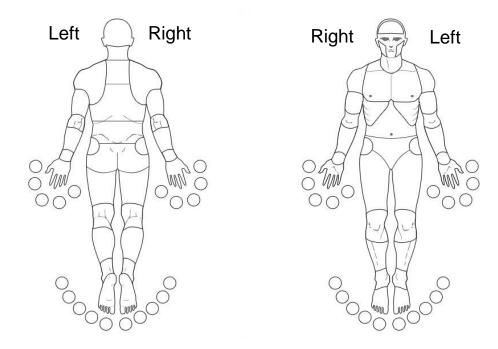


CONFIDENTIAL PATIENT INFORMATION

It is good to see you again! Please don't ever hesitate to come back to our office for care. We find that patients use our services in many ways. Some come in only when they start hurting bad enough. We always keep a revolving door open for those situations. Others know that, just like brushing your teeth regularly, seeing the chiropractor regular keeps you feeling and functioning at your best. We're always here, no matter how you choose to use us!

New Phone #:	Name:						Date:					
No Change F-mail address:	Complete if there has been any change in the following?											
E-mail address: Any change in your insurance coverage?NoYes (If yes, please advise front desk staff) WHAT KIND OF PROBLEM(S) ARE YOU HAVING? When did this begin? If you are not sure give us your best estimate > Pain	New Phone #:								_	No Change		
Any change in your insurance coverage?NoYes (If yes, please advise front desk staff) WHAT KIND OF PROBLEM(S) ARE YOU HAVING? When did this begin? If you are not sure give us your best estimate > Pain	New Address:								_	No Change		
WHAT KIND OF PROBLEM(S) ARE YOU HAVING? When did this begin? If you are not sure give us your best estimate > HOW WOULD YOU DESCRIBE YOUR SYPMTOMS? (Circle any that apply) RATE YOUR SYMPTOMS (10 is the worst) Frequency Infrequent < 25% Occasional 25% to 50% Frequent 50% to 75% Constant > 75% What makes it better? Nothing Lifting Sleep Sneeze/Cough Noise What makes it better Stress Computer work Stress Stress What makes it better Standing Stress Sneeze/Cough Noise What makes it better Standing Stress Stress Stress What makes it better Standing Stress Stress What makes it better Standing Stress Stress What makes it better Stress												
When did this begin? If you are not sure give us your best estimate > HOW WOULD YOU DESCRIBE YOUR SYPMTOMS? (Circle any that apply) RATE YOUR SYMTOMS (10 is the worst) Frequency → □Infrequent < 25% □Occasional 25% to 50% □Frequent 50% to 75% □Constant > 75% What makes it better? What makes it Polymon □ Lifting Sleep Sneeze/Cough Noise Stress What makes it Polymon □ Standing □ Stress What makes it Polymon □ Standing □ Stress Moving wrong □ Exercise □ Computer work □ Stress	Any change in you	ır insuı	ance co	verage	?	No _	Yes (If ye	es, pleas	e advis	e front des	sk st	aff)
When did this begin? If you are not sure give us your best estimate > HOW WOULD YOU DESCRIBE YOUR SYPMTOMS? (Circle any that apply) RATE YOUR SYMTOMS (10 is the worst) What makes it better? Nothing												
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Pain Ache Sore Burning Kinked Numbness												
Pain Ache Sore Burning Kinked Numbness												
HOW WOULD YOU DESCRIBE YOUR SYPMTOMS? (Circle any that apply) Dull Stiff Throbbing Catching Spasm Tingling	When did this begin	? If yo	ou are no	t sure giv	ve us y	our best estin	nate >					
YOUR SYPMTOMS? (Circle any that apply) Dull Stiff Throbbing Catching Spasm Tingling Other: RATE YOUR SYMPTOMS (10 is the worst) 1 2 3 4 5 6 7 8 9 10 (worst) Frequency → □Infrequent < 25% □Occasional 25% to 50% □Frequent 50% to 75% □Constant > 75% What makes it better? □Medication □Lying Down □Standing □Sitting □Ice / Heat □Activity □Nothing Other: Nothing Lifting Sleep Sneeze/Cough Noise Standing prolonged Moving wrong Exercise Computer work Stress		TOMS?		Pain		Ache	Sore	Buri	ning	Kinked		Numbness
Circle any that apply Other: RATE YOUR SYMPTOMS (10 is the worst) 1 2 3 4 5 6 7 8 9 10 (worst)	HOW WOULD YO			Shar	rp	Tight	Stabbing	Grab	bing	Locked Up		Pins & Needles
Nothing Nothing Nothing Standing				Dull		Stiff	Throbbing	Catc	hing	Spasm		Tingling
Frequency → ☐Infrequent < 25% ☐Occasional 25% to 50% ☐Frequent 50% to 75% ☐Constant > 75% What makes it better? ☐Medication ☐Lying Down ☐Standing ☐Sitting ☐Ice / Heat ☐Activity ☐Nothing Other: Nothing ☐ Lifting ☐ Sleep ☐Sneeze/Cough ☐Noise Standing ☐ Standing	(Circle any tha											
What makes it better? Medication	RATE YOUR SYMI	PTOMS	(10 is th	e worst)		1 2	3 4 5	6	7	8 9	1(0 (worst)
What makes it better? Other: Nothing Lifting Sleep Sneeze/Cough Noise Standing prolonged Moving wrong Exercise Computer work Stress	Frequency →	☐ Ir	nfrequen	t < 25%		Occasional 2	25% to 50%	☐ Frequ	ent 50%	% to 75%		Constant > 75%
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What makes it Standing prolonged Moving wrong Exercise Computer work Stress			Other:									
What makes it prolonged Moving wrong Exercise Computer work Stress	What makes it worse?	Nothing			Lifting		Slee	Sleep		Sneeze/Cough		Noise
		U			Moving wrong		Exerci	Exercise		Computer work		Stress
worse? Sitting prolonged Slouching Household work Neck flexion Bright lights					Slouching		Household	Household work		Neck flexion		Bright lights
Other:		Other:										

Circle areas where you are currently experiencing symptoms \rightarrow



WHAT DO YOU THINK IS CAUSING YOUR PROBLEM?								
Is this condition interfering with any of the following: (Circle any that apply)								
WORK	SLEEP	DAILY ROUTINE		EXERCISE	WALKING		STANDING	SHOPPING
Which of the following is true: (check one of the following)								
It's getting better slowly			It's staying the same			It's getting worse as time goes by		
Have you had any other care or tried any remedies for this problem: (If yes, describe below)								

TELL US ABOUT HOW THIS IS AFFECTING YOU

TELL US ABOUT HOW THIS IS AFFECTING TOU
What are your symptoms like at their worst:
Does it restrict any activities that you'd like to be doing (describe activity):
Are you taking medication for this?

This form was completed correctly to the best of my knowledge. I understand it is my responsibility to inform this office of any future changes in my medical or insurance status.

Signature	Date	