Wahl Family Chiropractic
744 Spirit of St. Louis Blvd, Ste J
Chesterfield, MO 63005
314-681-8388 | WahlHealth.com

New Patient Form

Name: ____(Age) _______ Gender: M F

Marital State: S M D W O Birth Date: ___________ Occupation: _________________

Street Address: ____

City, State, Zip: ____

Cell Phone: ______________________ Alternative Phone: _______________________

Email Address: ____

Ages of Children: _________________ Significant Other's Name: _________________

How were you referred to this office? ____

PURPOSE OF THIS VISIT

Reason for this visit (Primary Complaint): _____________________________________

____

____

When did this condition begin? __________/_____/________ Gradual or Sudden?

What activities make it worse? ____

What gives you relief? ____

If Pain, Please Describe: Sharp | Dull | Ache | Burn | Throb | Spasm | Numb

If Pain or Numbness, Does it Radiate?: Arm ___ Leg ___ Does not radiate ___

Frequency? Constant | Intermittent Daily | Intermittent Weekly | Intermittent Monthly

Does your complaint(s) interfere with: __Work __Sleep __Hobbies __Daily Routine

Have you experienced this condition before? Yes | No If Yes, When? ____________

Who have you seen for this? ________________________ Results? Good | Bad | Okay

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Please list any past injuries, falls, or accidents that you have had in your life:

____

____

____

HEALTH CONDITIONS: Stress results in Dysfunction of the Body. Over time that Dysfunction causes Health Conditions to occur. Below are just some of the problems that can occur as your spine and body degenerate.

Please check off any health condition you may be experiencing now or the recent past.

CERVICAL SPINE (NECK):

- ❑Neck Pain
- ❑Numbness/tingling in arms/hands
- ❑Headaches
- ❑Pain shoulder/arm
- ❑TMJ/Pain/Clicking
- ❑Weakness in grip
- ❑Hearing disturbances
- ❑Visual disturbances
- ❑Dizziness
- ❑Coldness in hands
- ❑Low Energy/Fatigue
- ❑Sinusitis
- ❑Allergies/Hay fever
- ❑Recurrent colds/Flue
- ❑Thyroid conditions

Other: ____

THORACIC SPINE (UPPER BACK):

- ❑Heart Palpitations
- ❑Recurrent Lung Infections/Bronchitis
- ❑Heart Murmurs
- ❑Tachycardia
- ❑Pain Deep Inspiration/Expiration
- ❑Asthma/Wheezing
- ❑Pain in Chest or Ribs
- ❑Shortness of Breath
- ❑Mid Back Pain
- ❑Indigestion/Heartburn
- ❑Irritable haven't eaten
- ❑Tired after eating
- ❑Reflux
- ❑Nausea
- ❑Ulcers/Gastritis

Other: ____

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LUMBAR SPINE (LOW BACK):

❑Pain in hips/legs/feet ❑Numbness/tingling Legs|Feet ❑Cold Legs/Feet

❑Muscle Cramps Legs|Feet ❑Weakness/Injuries Hips/Knees/Ankles ❑Low Back Pain

❑Constipation/Diarrhea ❑Recurrent Bladder Infections ❑Sexual Dysfunction

❑Menstrual Irregularities/Cramping ❑Frequent/Difficulty Urinating

Other: ____

Please list any health conditions not mentioned: ______________________________

____

Please list any medications currently taking and their purpose:

____

____

____

Please list all past surgeries:

____

____

Family Health History: List any Disease(s) or Cause(s) of Death

Maternal Grandparents ______________________________________

Paternal Grandparents ______________________________________

Mom ____

Dad ____

Sibling(s) ____

Children ____