Premier Wellness Chiropractic

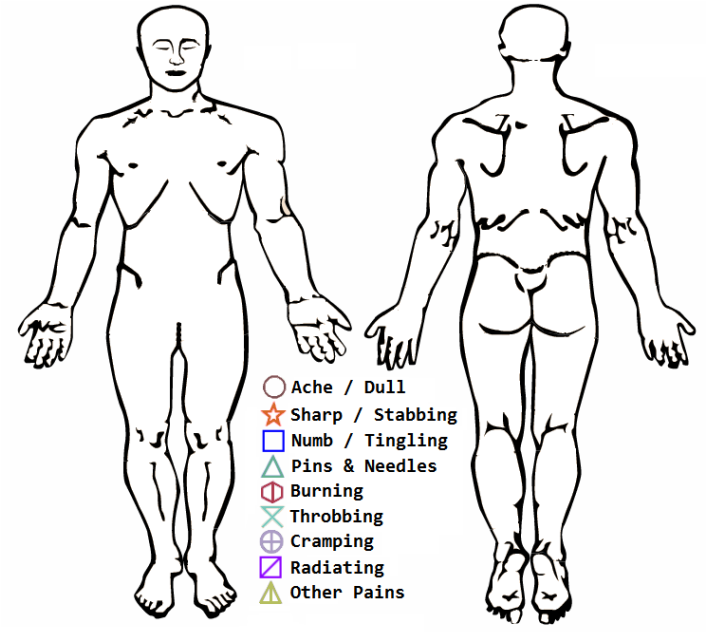
411 E Congress Pkwy Suite C, Crystal Lake, IL 60014

Phone: 815-455-8213

Patient Information:

Date		SSN		Birthday	
First Name		Middle Name		Last Name	
Sex	◯ Male ◯ Female	Height		Weight	
Married/Civil Union:		Spouse Name		# of Children	
Home #		Cell #		Work #	
Address					
City		State		Zip	
Emergency Contact		Emergency Relation		Emergency Phone	
Email					

Patient Symptoms:



Reason for this Visit:

Describe the reason for this visit?

When did this concern begin? _____ Has this concern: ○ Gotten Worse ○ Stayed Constant ○ Come and Gone

Does this concern interfere with: ☐ Work ☐ Sleep ☐ Daily Routine ☐ Other Activities

Briefly Explain: _____

Has this concern occurred before? ○ Yes ○ No

Briefly Explain: _____

Have you seen other doctor's for this concern? ○ Yes ○ No Doctor's name: _____

Type of Treatment: _____

Complaint Information:

Injury Occurred: ○ Work ○ Automobile ○ Third-Party ○ Other Injury Date: _____

Injury Origin: _____

Desc Discomfort: _____

Interfere w/ Activities: ○ Yes ○ No Affected Sleep: ○ Yes ○ No Frequency: _____

Missed Work: ○ Yes ○ No Unable to Work from: _____ Unable to Work Until: _____

Affected Appetite: ○ Yes ○ No Explain: _____

Reduced Work: ○ Yes ○ No Explain: _____

Does it Worsen: ○ Yes ○ No Explain: _____

Weather Affects it: ○ Yes ○ No Explain: _____

Aggravates Condition: _____

Improves Condition: _____

Received Treatment: ○ Yes ○ No Explain: _____

X-rays Taken: ○ Yes ○ No Explain: _____

Same Condition Before: ○ Yes ○ No Date: _____ Practitioner: _____

Health Checklist:

☐ Allergies	☐ Alcoholism	☐ Anemia
☐ Arteriosclerosis	☐ Arthritis	☐ Asthma
☐ Back Pain	☐ Breast Lump	☐ Bronchitis
☐ Bruise Easily	☐ Cancer	☐ Chest Pain
☐ Cold Extremities	☐ Constipation	☐ Cramps
☐ Depression	☐ Diabetes	☐ Digestion Problems
☐ Dizziness	☐ Excessive Menstruation	☐ Eye Pain or Difficulties
☐ Fatigue	☐ Frequent Urination	☐ Headache
☐ Hemorrhoids	☐ Venereal Disease	☐ Hot Flashes
☐ Irregular Heart Beat	☐ Irregular Menstrual	☐ Kidney Infection
☐ Kidney Stones	☐ Loss of Memory	☐ Loss of Balance
☐ Loss of Smell	☐ Loss of Taste	☐ Nosebleeds
☐ Pacemaker	☐ Polio	☐ Poor Posture
☐ Prostate Trouble	☐ Sciatica	☐ Shortness of Breath
☐ High Blood Pressure	☐ Sinus Infection	☐ Insomnia
☐ Spinal Curvatures	☐ Stroke	☐ Swelling of Ankles
☐ Swollen Joints	☐ Thyroid Condition	☐ Tuberculosis
☐ Ulcers	☐ Varicose Veins	

I certify that I'm the patient or legal guardian listed above. I have read/understand the included information and certify it to be true and accurate to the best of my knowledge. I consent to the collection and use of the above information to this office of chiropractic. I authorize this office and its staff to examine and treat my condition as the doctors see fit. I hereby authorize the doctor to release all information necessary to any insurance company, attorney, or adjuster for the purpose of claim reimbursement of charges incurred by me. I grant the use of my signed statement of authorization with my signature for required insurance submissions. I understand and agree that all services rendered to me will be charged to me, and I'm responsible for timely payment of such services. I understand and agree that health/accident insurance policies are an arrangement between an insurance carrier and myself. I understand that fees for professional services will become immediately due upon suspension or termination of my care or treatment.

Signature

Date:

Premier Wellness Chiropractic
Bringing wellness within reach

411 Congress Parkway Suite C
Crystal Lake, IL 60014
815.455.8213
premierwellnesschiro.com

DETAILED REVIEW OF SYSTEMS

Patient Name _____ Date _____

CARDIOVASCULAR ❍ N/A

Present	Past	
❍	❍	Poor Circulation
❍	❍	High Blood Pressure
❍	❍	Aortic Aneurysm
❍	❍	Heart Disease
❍	❍	Heart Attack
❍	❍	Chest Pain
❍	❍	High Cholesterol
❍	❍	Pacemaker
❍	❍	Jaw Pain
❍	❍	Irregular Heartbeat
❍	❍	Swelling of Legs
❍	❍	Stroke

GENITOURINARY ❍ N/A

Present	Past	
❍	❍	Kidney Disease
❍	❍	Lower Side Pain
❍	❍	Burning Urination
❍	❍	Frequent Urination
❍	❍	Blood in Urine
❍	❍	Kidney Stone
❍	❍	Bed Wetting/Enuresis
❍	❍	Prostate Problems
❍	❍	Rectal Prolapse

HEMATOLOGICAL/LYMPHATIC ❍ N/A

Present	Past	
❍	❍	Poor Circulation
❍	❍	High Blood Pressure
❍	❍	Aortic Aneurysm
❍	❍	Heart Disease
❍	❍	Heart Attack
❍	❍	Chest Pain
❍	❍	High Cholesterol
❍	❍	Pacemaker
❍	❍	Jaw Pain
❍	❍	Irregular Heartbeat
❍	❍	Swelling of Legs
❍	❍	Stroke

RESPIRATORY ❍ N/A

Present	Past	
❍	❍	Asthma
❍	❍	Shortness of Breath
❍	❍	Upper Resp. Infection
❍	❍	Cold/Flu
❍	❍	Pneumonia
❍	❍	Cough/Wheezing
❍	❍	Emphysema
❍	❍	RSV
❍	❍	Tuberculosis

EAR/NOSE/THROAT ❍ N/A

Present	Past	
❍	❍	Sinus Congestion
❍	❍	Sinus Infection
❍	❍	Nosebleed
❍	❍	Sore Throat
❍	❍	Difficulty Swallowing
❍	❍	Ear Ache
❍	❍	Ear Infections
❍	❍	Dizziness
❍	❍	Hearing Loss
❍	❍	Bleeding Gums

EYES ❍ N/A

Present	Past	
❍	❍	Glaucoma
❍	❍	Double Vision
❍	❍	Blurred Vision
❍	❍	Red, Itchy (Allergy)

ALLERGIC/IMMUNOLOGICAL ❍ N/A

Present	Past	
❍	❍	Autoimmune Disorder
❍	❍	Chronic Allergies
❍	❍	Seasonal Allergies
❍	❍	Food Allergies
❍	❍	Environmental Allergies
❍	❍	Allergy Shots
❍	❍	Cortisone Use
❍	❍	HIV/AIDS
❍	❍	Hives
❍	❍	Weak Immune System

GASTROINTESTINAL ❍ N/A

Present	Past	
❍	❍	Pancreatitis
❍	❍	Acid Reflux
❍	❍	Bowel Problems
❍	❍	Constipation
❍	❍	Upset Stomach
❍	❍	Gas Pains
❍	❍	Ulcers
❍	❍	Gallbladder Problems
❍	❍	Liver Problems
❍	❍	Diarrhea
❍	❍	Nausea/Vomiting
❍	❍	Poor Appetite
❍	❍	Bloody Stools
❍	❍	Chrohn's Disease
❍	❍	Hiatal Hernia

MUSCULOSKELETAL ❍ N/A

Present	Past	
❍	❍	Chronic Hip Dislocation
❍	❍	Torticollis
❍	❍	Poor Posture
❍	❍	Neck Pain
❍	❍	Back Pain
❍	❍	Arthritis
❍	❍	Rheumatoid Arthritis
❍	❍	Joint Stiffness
❍	❍	Muscle Weakness
❍	❍	Osteoporosis
❍	❍	Broken Bones
❍	❍	Joint Replacement
❍	❍	Gout

NEUROLOGICAL ❍ N/A

Present	Past	
❍	❍	Tic Disorder
❍	❍	Seizures
❍	❍	Head Injury
❍	❍	Brain Aneursym
❍	❍	Numbness/Tingling
❍	❍	Pinched Nerves
❍	❍	Radiating Pain
❍	❍	Sciatica
❍	❍	Parkinsons Disease
❍	❍	Carpal Tunnel
❍	❍	Balance/Coordination

NEUROLOGICAL CONTINUED...

❍	❍	ADHD/ADD/Sensory Processing Disorder
❍	❍	Autism/Spectrum Disorder
❍	❍	Migraine Headaches
❍	❍	Bell's Palsy
❍	❍	Poor Fine/Gross Motor Skills
❍	❍	Epilepsy
❍	❍	Inflammation
❍	❍	Trigeminal Neuralgia
❍	❍	Ear Ringing/Tinnitus
❍	❍	Auditory Processing
❍	❍	Toe Walking
❍	❍	Sinus Headache
❍	❍	Tension Headache
❍	❍	Vertigo/Dizziness
❍	❍	Sensory Integration

ENDOCRINE ❍ N/A

Present	Past	
❍	❍	Hyperthyroid Issues
❍	❍	Hypothyroid Issues
❍	❍	Type 1 Diabetes
❍	❍	Type 2 Diabetes
❍	❍	Hair Loss
❍	❍	Menopausal
❍	❍	Menstrual Problems
❍	❍	Hot Flashes
❍	❍	Endometriosis
❍	❍	Polycystic Ovarian Syndrome
❍	❍	Hashimoto
❍	❍	Graves

PSYCHIATRIC ❍ N/A

Present	Past	
❍	❍	Depression
❍	❍	Anxiety Disorder
❍	❍	Unusual Stress
❍	❍	OCD
❍	❍	Bipolar Disorder
❍	❍	Seasonal Affective Disorder
❍	❍	Mood Swings
❍	❍	Social Anxieties
❍	❍	Memory Loss
❍	❍	Night Tremors

CONSTITUTIONAL ❍ N/A

Present	Past	
❍	❍	Weight Loss/Gain
❍	❍	Energy Level Low
❍	❍	Energy Level High
❍	❍	Difficulty Sleeping
❍	❍	Chronic Fatigue
❍	❍	General Malaise
❍	❍	Complusive Behavior
❍	❍	Behavior Issues
❍	❍	Learning Disabilities
❍	❍	Speech Delays
❍	❍	RLS
❍	❍	Pregnancy/Fertility
❍	❍	Obesity