

PATIENT HISTORY & EXAMINATION

NAME _____ PHONE () _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HT. _____ WT. _____ AGE _____ BIRTHDATE _____ MARITAL STATUS: M S W D NO. CHILDREN _____
OCCUPATION _____ EMPLOYED BY _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
SPOUSE'S NAME _____ EMPLOYED BY _____ PHONE () _____
SOCIAL SECURITY # _____ ~~IDENTIFICATION #~~ _____
REFERRED BY _____

INSURANCE INFORMATION: (CHECK) _____ AUTO ACCIDENT _____ WORKERS' COMPENSATION _____ GROUP INSURANCE _____
_____ PRIVATE INSURANCE _____ WELFARE _____ MEDICARE _____ PERSONAL PAYMENT OTHER _____
INSURANCE CO. _____ INSURED'S NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CLAIM FILE # _____ GROUP/POLICY # _____ ID/SS # _____

ACCIDENT - INJURY INFORMATION:
DATE OF ACCIDENT _____ TIME _____ AM _____ PM _____ WAS EMPLOYER NOTIFIED? _____ LAST DAY WORKED? _____
ACCIDENT LOCATION & DESCRIPTION _____

PREVIOUS TREATMENT FOR THIS CONDITION:
_____ DC _____ MD OTHER _____ NAME _____
RESULTS _____
HAVE YOU BEEN PLACED ON DISABILITY? _____ BY WHOM? _____ FROM _____ TO _____

HEALTH HISTORY: IMPORTANT - LIST DRUGS YOU ARE NOW TAKING _____
DO YOU HAVE? TB _____ VD _____ IN THE PAST _____ CANCER _____ DIABETES _____

SURGERY HISTORY:
_____ Appendix _____ Tonsils _____ Hernia _____ Hemorrhoid _____ Spinal _____ Hysterectomy _____ Prostate _____ Cyst _____ Cancer _____
LIST OTHERS _____
LIST FRACTURES / DISLOCATIONS / CONCUSSIONS PRESENT & PAST _____
LIST PREVIOUS ACCIDENTS / INJURIES / MAJOR ILLNESSES _____

FAMILY PHYSICIAN _____ TELEPHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NEAREST RELATIVE (Not living with you) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ RELATIONSHIP _____

PAYMENT ARRANGEMENTS ARE EXPECTED BEFORE SERVICES ARE RENDERED:
I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the Chiropractic Office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the Chiropractic Office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

PATIENT'S SIGNATURE _____ DATE _____

PATIENT SYMPTOMS COMPLAINTS

FOR _____ DATE _____

IMPORTANT: Circle all present symptoms. Underline recent past symptoms. Sign below. Be Complete.

MUSCLE, LIGAMENT & JOINT

NECK: Weakness - Pain - Stiffness - Swelling - Spasms - Disc - Limited Movement - Pain on Motion - Surgery - Throat Muscles Swollen or Sore. **Worse:** After Sleeping - During Day - End of Day.

MID BACK: Weakness - Pain - Spasms - Soreness. **Worse:** After Sleeping - During Day - End of Day.

LOW BACK: Weakness - Pain - Stiffness - Swelling - Limited Movement - Pain on Motion - Surgery. **Pain When:** Sitting - Walking - Standing - Sleeping. **Worse:** After Sleeping - During Day - End of Day. Sacroiliac - Tailbone - Sex Impotency - Pain in Groin.

Worse: After Sleeping - During Day - End of Day.

EXTREMITIES & RADIATING PAIN

HEAD & HEADACHE: Side - Front - Top - Heavy Head - Affects Vision - Produces Nausea - Throbbing - Incapacitating - Handicaps Normal Function - Migraine. **Worse:** After Sleeping - During Day - End of Day.

SHOULDER: Local Pain - Radiates Down Arm - Pain on Movement - Limited Movement - Pain from Neck. **Worse:** After Sleeping - During Day - End of Day.

ARM: Local Pain - Radiating Pain - From Neck - On Movement - Down Arm - Numbness - Tingling - Elbow - Wrist - Fingers - Swelling - Heaviness - Cold Hands - Grip Strength Loss - Can't Raise - Drops Things.

HIP, KNEES, LEGS: Local Pain - Radiating Pain - From Back - On Movement - Down Leg - Knee (Front - Back) Numbness - Tingling - Knee Swelling - Ankle Swelling - Charlie Horses - Cramps - Spasms - Varicose Vains - Heaviness - Pain on Walking - Sitting - Prolonged Standing.

FEET: Swelling - Discomfort - Pain - Pain on Walking - Pain with Back Problem - Corns - Callouses - Bunions - Fallen Arch - High Arch - Toe-in - Toe-out - Cold - Burn.

MUSCLE & LIGAMENTS

Sprain - Puffed - Torn - Atrophy

SPINE & DISC

SPINE: Surgery - Arthritis - Curvature - Whiplash.

DISC: Surgery - Protrusion - Compressed - Degenerating - Deteriorating - Herniated - Ruptured.

NERVES

Burning - Numbness - Tingling - Pins and Needles - Tremor - Nervousness - Nervous Tension - Nervous Fatigue - Dizziness - Poor Equilibrium - Loss of Balance.

ENERGY AND FATIGUE

Intermittent - Constant - Occasional. Exhaustion Build-up - Tired Upon Awakening - Exhaustion After Work - Must Rest During Day

WALKING CAUSES: Tiredness - Fatigue - Exhaustion.

SLEEPING: Good - Fair - Poor - Poor Due to Pain - Insomnia - Falls to Sleep - Emotional Fatigue - Excessive Sleep.

EYE, EAR, NOSE THROAT & MOUTH

EYE: Pain - Strain - Red - Blurring - Light Hurts - Double Vision - Spots - Injury - Pressure - Glasses.

SIGHT: Far - Near - Failing - Glasses.

EAR: Ache - Infection - Noises - Ring - Buzzing.

HEARING: Good - Poor - Aid - Failing.

NOSE: Post-nasal Drip - Bleeding - Obstruction - Sneezing - No Smell.

THROAT: Sore - Dry - Hoarse - Phlegm - Enlarged Glands - Swallow.

MOUTH: Bad Taste - Teeth - Breath - Gums - Sores - Eruptions - No Taste.

TEETH: Good - Bad - Abscess - Grinding - Dentures: Fit Well - Poor.

HEART AND CIRCULATION

HEART: Slow - Rapid - Pain - Palpitation - Past Attack - Coronary - Chest Pain - Pain Down Arm - Difficult Breathing.

BLOOD PRESSURE: High - Low Irregular - Past Stroke - Paralysis: L - R.

CIRCULATION: Good - Poor - Swelling.

COLD: Hands - Feet - Body - Varicose Vains - Hardening Arteries.

SWEATS: Excess - None Hot - Cold - Night.

BLOOD: Problems - Disease - Anemia.

LUNGS AND BREATHING

LUNGS: Difficult Breathing - Congestion - Asthma - Emphysema - Wheezing - Bronchitis - Infection.

COUGH: Blood - Phlegm - Dry - Sneezing.

STOMACH, LIVER, GALL BLADDER AND INTESTINAL

STOMACH: Nausea - Pain - Ulcer - Vomiting Blood - Bile - Indigestion - Heartburn - Gas.

APPETITE: Good - Poor - Excess.

LIVER: Upset - Jaundice - Hepatitis.

GALL BLADDER: Attack - Infection - Stones.

INTESTINES: Bloat - Mucous - Constipated - Diarrhea - Hemorrhoids - Fissures - Colitis.

KIDNEY, BLADDER & URINATION

URINE: Frequent - Difficult - Burns - Blood - Pus - Irritates - No Control - Infection - Kidney Stones - Prostate - Ovaries - Bedwetting.

SKIN

Sensitive - Bruises - Dry - Itching - Rash - Hives - Shingles - Boils - Acne - Eruptions - Slow Healing.

GENERAL

SWOLLEN LYMPH NODES: Neck - Underarm - Groin - Face - Pallor - Chills - Fever - Flu - Virus - Chronic Cold - Cough.

SINUS: Congestion - Headache - Sneeze.

WEIGHT: Over - Under - Loss - Gain.

REACTION TO DRUGS: Mild - Severe - Occas.

PERSONAL HABITS

Hrs. Regular Sleep/night _____

Amount of Smoking _____ Pkg/day

Amount of Coffee/Tea _____ Cups /day

Amount of Alcohol _____ Week

Hrs. Regular worked _____ Day _____ Week

PERSONAL INJURIES & ACCIDENTS (dates)

AUTO ACCIDENTS: Recent - Past _____

WORK INJURIES: Recent - Past _____

FALLS & OTHERS: Recent - Past _____

GIVE DOCTOR FULL DETAILS

FOR WOMEN ONLY

MENSTRUAL: Cramps - Backache - Excess Flow - Difficult - Irregular - Tension.

MENOPAUSE: Symptoms - Hot Flashes - Estrogen.

VAGINAL: Discharge - Irritation - Odor.

MISCARRIAGES _____ PREGNANCIES _____

Unable to Become Pregnant. Self - Husband.

Currently pregnant

Absolutely no patients accepted for diagnosis or treatment of Cancer. Suspected cases of Cancer are immediately referred.

DATE _____ PATIENT SIGNATURE _____

GUARDIAN SIGNATURE _____