

Patient Case History

Name _____ Sex _____ Date of Birth _____

Address _____

H. Phone _____ W. Phone _____ C. Phone _____

Referred by _____ Social Security # _____

Occupation _____ Employer _____

Insurance Company _____ Member ID # _____

Have you ever received Chiropractic/Acupuncture Care? _____ If yes, when? _____

1. Reasons for seeking chiropractic/acupuncture care:

Primary reason: _____

Secondary reason: _____

Other reasons: _____

2. Chief Complaint:

Location of Complaint: _____

What was the initial cause of this complaint? _____

When did this complaint begin? _____

Are you presently under a doctor's care for this complaint? Y/N Doctor's name: _____

Please circle the Quality of the complaint/pain: dull aching sharp shooting burning throbbing deep nagging other

Does this complaint/pain radiate or travel (shoot) to other areas of your body? Y/N Where? _____

Do you have any numbness or tingling in your body? Y/N Where? _____

Grade Intensity/Severity (0 No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (10 Worst possible pain/complaint imaginable)

How frequently is complaint present? _____ How long does it last? _____

Does anything aggravate the complaint? _____

Does anything make the complaint better? _____

Does this complaint interfere with: work, home life, activities or sleep? Y/N

3. Previous interventions: treatments, medications, surgery, or care you've sought for your complaint:

4. Health History

Previous illnesses: _____

Have you ever broken any bones? Y/N Which? _____

Allergies: _____

Medications: _____

Surgeries and dates: _____

5. Family Health History:

Associated health problems of relatives: _____

Deaths in immediate family: _____

Cause of parents' or siblings death & age at death: _____

6. Social and Occupational History:

Level of Education: _____

Job description: _____

Recreational activities: _____

Do you take vitamins or supplements? Y/N Type and how often: _____

Smoking and alcohol use? Y/N How often? _____

Are there any other health concerns you would like to address?

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office to provide me/my child with chiropractic care, in accordance with this state's statutes.

Signature: _____ Date _____

(Parent/Guardian Signature if Minor)