

# PATIENT HISTORY

## PRIMARY COMPLAINT

### DEBUT

WHEN \_\_\_\_\_  
HOW \_\_\_\_\_  
ACCIDENT? \_\_\_\_\_  
PAST OCCURENCE \_\_\_\_\_

### SYMPTOMS

LOCATION \_\_\_\_\_  
RADIATION PATTERN \_\_\_\_\_  
CHARACTERISTICS \_\_\_\_\_  
FREQUENCY \_\_\_\_\_  
DURATION \_\_\_\_\_  
INTENSITY 1 2 3 4 5 6 7 8 9 10  
PATTERN \_\_\_\_\_ WORSE IN AM \_\_\_\_\_ WORSE IN PM

### WHAT MAKES IT WORSE?

### WHAT MAKES IT BETTER?

### PREVIOUS RADIOLOGY RESULTS

### PREVIOUS HISTORY

PRIMARY CARE PHYSICIAN \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_  
THERAPY \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_  
PREVIOUS CHIROPRACTOR \_\_\_\_\_  
TRAUMAS \_\_\_\_\_  
SURGERIES \_\_\_\_\_  
FAMILY HEALTH HISTORY \_\_\_\_\_

### SYSTEM REVIEW

RESPIRATORY \_\_\_\_\_  
CARDIOVASCULAR \_\_\_\_\_  
DERMATOLOGICAL \_\_\_\_\_  
GASTROINTESTINAL \_\_\_\_\_  
REPRODUCTIVE \_\_\_\_\_  
ENDOCRINE \_\_\_\_\_  
MUSCULOSKELETAL \_\_\_\_\_  
HEMATOLOGY \_\_\_\_\_  
NERVOUS \_\_\_\_\_

### CHILDREN

### OCCUPATION & RECREATIONAL ACTIVITIES

### WHAT IS YOUR HEALTH GOAL?

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DOB \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ MOBILE TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MARITAL STATUS M S W D  
REFERRED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_ SSN \_\_\_\_\_

## HEALTH HISTORY

Have you ever had any of the following diseases/medical conditions? Circle yes (Y) or no (N).

Y N	HEART ATTACK/STROKE	Y N	HEART SURGERY/PACEMAKER	Y N	HEART MURMUR
Y N	CONGENITAL HEART DEFECT	Y N	MITRAL VALVE PROLAPSE	Y N	ARTIFICIAL VALVES
Y N	ALCOHOL/DRUG ABUSE	Y N	VENEREAL DISEASE	Y N	HEPATITIS
Y N	HIV+/AIDS	Y N	SHINGLES	Y N	CANCER
Y N	FREQUENT NECK PAIN	Y N	EMPHYSEMA/GLAUCOMA	Y N	ANEMIA
Y N	HIGH/LOW BLOOD PRESSURE	Y N	PSYCHIATRIC PROBLEM	Y N	RHEUMATIC FEVER
Y N	SEVERE HEADACHES	Y N	KIDNEY PROBLEMS	Y N	ULCERS/COLITIS
Y N	FAINTING/SEIZURES	Y N	SINUS PROBLEMS	Y N	ASTHMA
Y N	DIABETES/TUBERCULOSIS	Y N	DIFFICULTY BREATHING	Y N	CHEMOTHERAPY
Y N	LOWER BACK PROBLEMS	Y N	ARTIFICIAL BONES/JOINTS	Y N	ARTHRITIS

## REASON FOR VISIT

Have you ever been treated by a chiropractor before?  Y  N If so, please explain: \_\_\_\_\_

The reason for this visit is a result of (explain what happened): \_\_\_\_\_

Please describe the pain and its location: \_\_\_\_\_

Is the condition getting worse?  Y  N  Constant  Comes & Goes

Have you had this or similar conditions in the past?  Y  N If so, when? \_\_\_\_\_

## TERMS OF SERVICE

When a patient seeks chiropractic health care and when a chiropractor accepts a patient for care, it is essential that both are working for the same goals. Chiropractic does not diagnose or treat disease. Chiropractic has only one goal:

### **TO LOCATE, ANALYZE AND CORRECT SPINAL INTERFERENCE TO THE NERVOUS SYSTEM.**

The purpose of the nervous system is to control and coordinate all bodily function. Interference to this master system automatically produces improper function in the body. The subluxation (spinal misalignment producing nerve interference), in and of itself, is a detriment to life and health. Correction of the subluxation through a specific chiropractic adjustment, allows the body to function at it's optimum level. The chiropractic adjustment restores life and health to it's fullest potential.

WE DO NOT DIAGNOSE CONDITIONS OR DISEASES OTHER THAN VERTEBRAL SUBLUXATIONS.  
WE OFFER NO TREATMENT OF CONDITIONS OR DISEASES OTHER THAN VERTEBRAL SUBLUXATIONS.  
WE PROMISE NO CURE FROM ANY CONDITION OR DISEASES.

- We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly, mutual understanding.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for any expenses incurred in collecting your account.

I understand the above information and guarantee this form was completed correctly to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_