

LAST NAME _____

FIRST NAME _____

ADDRESS _____

SSN _____ BIRTHDATE _____ AGE _____

CITY _____ STATE _____ ZIP _____

DI# _____ STATE _____

OCCUPATION _____

SPOUSE _____

EMPLOYER _____

EMAIL _____

PHONE HOME _____ CELL _____ WORK _____

REFERRED BY _____ EMERGENCY CONTACT _____

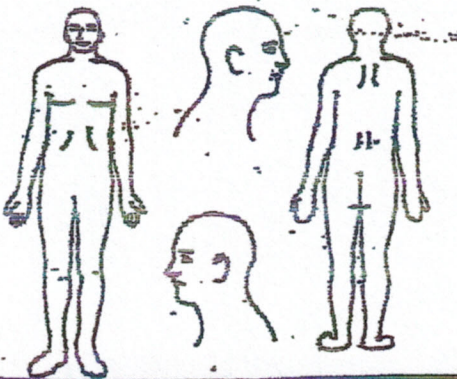
WHAT IS YOUR MAJOR COMPLAINT? _____

OTHER COMPLAINTS? _____

HOW LONG HAVE YOU HAD THIS CONDITION? _____ HAVE YOU HAD THIS OR A SIMILAR CONDITION IN THE PAST? _____

IS THIS CONDITION GETTING PROGRESSIVELY WORSE? YES _____ NO _____ CONSTANT _____ COMES AND GOES _____

Please mark your areas of pain on the figures below.



- NECK PROBLEMS
- SHOULDER PROBLEMS
- ARM PROBLEMS
- NUMBNESS—ARMS
- PAIN BETWEEN SHOULDERS
- LOW BACK PROBLEMS
- LEG PROBLEMS
- NUMBNESS—LEGS
- HEADACHES
- DEPRESSION
- VISION PROBLEMS
- EAR PAIN / NOISES
- DIABETES
- BLOOD PRESSURE HIGH / LOW

- SORE MUSCLES
- WALKING PROBLEMS
- BROKEN BONES
- MUSCLE CRAMPS
- WEAK MUSCLES
- DIZZINESS
- FAINTING
- FORGETFULNESS
- DIARRHEA
- CONSTIPATION
- KIDNEY INFECTION
- MENSTRUAL CRAMPS
- FREQUENT COLDS
- TIREDDNESS / FATIGUE

- ALLERGIES
- HAY FEVER
- ASTHMA
- EKZEMA
- SHINGLES
- NAUSEA
- POOR DIGESTION
- ULCERS
- LOSS OF FEELING
- STIFF JOINTS
- PAINFUL JOINTS
- EAR INFECTIONS
- HEARING LOSS

THIS IS A NEW / OLD ILLNESS. IT WAS NOT / WAS TREATED BEFORE. IF TREATED BEFORE, WHAT WAS DONE? _____

FEMALE: ARE YOU PREGNANT AT THIS TIME? YES _____ DUE DATE _____ NO _____

NAME OF DOCTORS: _____

FROM BIRTH TO PRESENT PLEASE LIST BY DATE / DESCRIBE CAR ACCIDENTS _____

HAVE YOU EVER HAD SURGERY OR BEEN HOSPITALIZED? YES _____ NO _____ LIST SURGERIES: _____

FALLS / INJURIES (INCLUDING SPORTS) _____

HAVE YOU EVER HAD CHIROPRACTIC CARE BEFORE? YES _____ NO _____ NAME OF DOCTOR _____ DATE _____

OTHER _____

LAST TIME YOU HAD SPINAL X-RAYS OR OTHER X-RAYS: _____

MEDICATIONS YOU NOW TAKE: _____

SIGN: _____ DATE: _____

	Date 1	2	3	4
CERVICAL				
Flexion	50			
Extension	60			
Lat. R. Flex	45			
Lat. L. Flex	45			
Rotation Right	80			
Rotation Left	80			

	Date 1	2	3	4
LUMBAR				
Flexion	80			
Extension	25			
Lat. R. Flex	25			
Lat. L. Flex	25			

	1	2	3	4
F. Compression	L	R	L	R
Shoulder Depression				
Knees				
SLR				
Soto Hall				
Eye's				
The Walk				
Heel Walk				
Durrefield Test				
Weight Distribution				
Dist. Int. Hip Rot.				
Dynamometer				

