

Date _____

Patient ID# _____

CONFIDENTIAL PATIENT CASE HISTORY

Dear Patient,

Please complete this questionnaire. Your answers will help us determine if chiropractic can help you.
If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case.

Thank you!

Name _____ Social Security# _____
 Address _____ City _____ State _____ Zip _____
 Home Telephone _____ Work Telephone _____ Cell Phone _____
 Age _____ Birth date _____ # of Children _____ Marital Status: M S W D
 Occupation/Employer _____ Email Address _____
 Spouse's Name _____ Spouse's Telephone (in case of emergency) _____
 Nearest Relative & Telephone Number _____
 Referred by _____

Health Information:

Have you had previous chiropractic care? Yes No When was your last adjustment? _____

What is your major complaint? _____

Other complaints: _____

Onset of complaint/condition: _____

How long have you had this condition? _____ Have you had similar conditions in the past? _____

What activities aggravate your condition? _____

Is this condition getting progressively worse? Yes No Constant Comes and Goes

Is this condition interfering with your: Work Sleep Daily Routine Other _____

Do other family members have similar problems? Yes No

Please list _____

Doctors who treated this condition _____

List surgical operations/year performed _____

Drugs you now take: Nerve Pills Pain killers Muscle Relaxers "Pep Pills" Tranquilizers

Insulin Birth Control pills Others _____

Age of mattress: _____ years Comfortable Uncomfortable

Are you wearing: Heel Lifts Sole Lifts Inner Soles Arch Supports

Have you been in an auto accident? Yes No If yes, when? _____

Describe _____

Have you had any other personal injury, job related injury or accident? Yes No If yes, when? _____

Describe _____

Date of Last Physical Examination _____

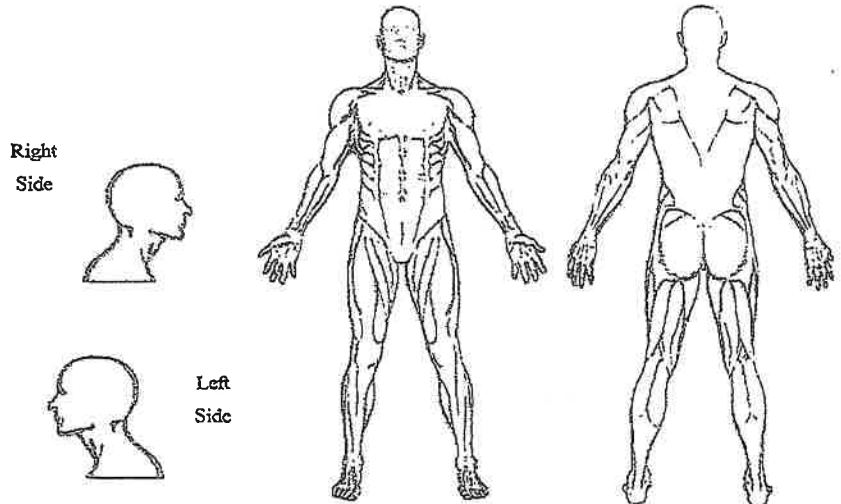
Family Health Information: Many health problems are the result of hereditary spinal weaknesses; thus information about your family members will give us a better picture of your total health picture.

Name	Relation	Past & Present Health Problems

Have you ever suffered from:

- | | | |
|------------------------|------------------------------|-----------------------------|
| 1. Dizziness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Backaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Heart Trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Neuritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Digestive Disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Nervousness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Sinus Trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Neck Pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please mark areas of pain on the figures below:



It is our goal to fully understand your needs and wants regarding your ractic health care. You can help us by answering the following questions.

chiro

1. My concept of health is

- Being pain free Having all parts of my body function as they should I don't know

2. My current understanding of chiropractic is

- Non-existent Limited Thorough

Give a brief description of what chiropractic is: _____

3. My attitude I bring here is

- Leery and Skeptical Fearful Neutral Hopeful and Interested
 Antagonistic-Don't really want to be here

4. The following is a brief description of what I anticipate will occur with chiropractic _____

5. With my current understanding of chiropractic health care, my objective with the office is:

- Simply being pain free as soon as possible
 Being pain free as soon as possible, but also stabilizing my spine so that I have better health and freedom of movement.
 Pain free, stable and on a health wellness program for a better future.
 I really have no idea. I'll let the doctor decide what is best.