PATIENT HISTORY

(Please Print and Complete All Sections)

quick recovery CHIROPRACTIC

Patient Name: _____ **DOB:** _____ **Phone:** _____ **Email** _____

Today's Date: ____ /_____ /_____ **Date of Injury or Onset:** ____ _____ _____ **Emergency Contact #:** _____

Address: _____ **Employer** _____

Referred by: _____

Primary Care Physician: _____ **Name of Clinic:** _____ **Phone:** _____

PAST MEDICAL HISTORY (Please mark if you have had any of the following)

____ Arthritis	____ Cancer	____ Back injury
____ High blood pressure	____ Heart problems	____ Neck injury
____ Diabetes	____ Lung problems	____ Other serious injury
____ Osteoporosis	____ Unexplained weight loss	____ Any other medical condition

Please explain those marked above: _____

Female: are you pregnant? Circle Yes No

Please list any medications you are currently taking: _____

Please list any previous surgeries: _____

Have you ever been to a chiropractor before? Who/When? _____

Is your current condition due to an auto accident or work injury? If so, when? _____

CURRENT CONDITION

Briefly describe your injury or symptoms (what happened, how long before seeing a doctor, changes in severity of symptoms, etc.):

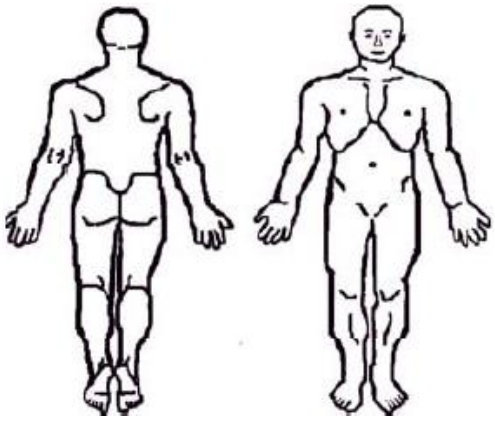
_____

_____

Please list any diagnostic tests and results (X-ray, MRI, etc.) _____

PAIN:

On the diagram, please mark areas of pain with an "X" and areas of numbness with an O":



Please rate the intensity of your pain (circle one):

At its lowest: 0 1 2 3 4 5 6 7 8 9 10

At its highest: 0 1 2 3 4 5 6 7 8 9 10

Right now: 0 1 2 3 4 5 6 7 8 9 10

Describe your pain (Sharp, Dull, Achy, Constant, Changing, etc) _____

_____

What increases your pain? _____

_____

What relieves your pain? _____

_____

FUNCTION:

Are you working right now? Y N Please list your job requirements/expectations: _____

_____

What activities are you NOT able to do now? _____

What goals do you hope to achieve by receiving chiropractic care? _____

Signature: _____ **Date:** _____