INTRODUCTION PATIENT CASE HISTORY

Manager (TI)			DC	NT		
		Preferred Name:				
Address:				_		
Date of Birth: Ge		Social Security #:				
Home: Mo	bile:	Work:				
Email:						
Preferred Method of Contact: \Box	Text Email l	Phone - Home, Mobile, or Work	Mobile	Carrier:		
*Referred By: (Name)						
	Co-Worker Doctor	Other				
		Oulci				
Race & Ethnicity: (Choose up to 2)	Preferred 1	Language:				
☐ African American or Black	□ Englisi	h				
☐ American Indian or Alaskan Na	ative Spanis	h				
□ Asian	Other:					
☐ Hispanic or Latino	□ Declin	e				
☐ Native Hawaiian or Other Paci	fic Islander					
□ White						
☐ Decline						
MERGENCY CONTACT INFORMATION						
Name: (First MI Last)		Primary Care Physic	ian:			
Home: Mo						
	onc	Doctor \$1 none.				
Relationship: ☐ Child ☐ Parent ☐ Spouse	□ Othor:					
Clind - Tarent - Spouse						
NANCIAL INFORMATION						
s today's visit the result of an accid	lent?	Where would you like	e statements	s sent?		
□ No □ Auto □ Work	☐ Other:	☐ Self ☐ Other	(Details below))		
Vill we be working with insurance	? □ No □ Yes (Details)	Name:				
G		Address:				
Primary:	ID#:					

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged

HISTORY OF PRESENT ILLNESS

Major Complaint:		Secondary Complaints:		
When did it start?/ Wh	at happened?			
Which daily activities are being affected b	y this condition?			
	Major Compi	L <u>AINT</u>		
Location of Symptoms and Radiation	Quality:	Previous Treatment:		
	☐ Sharp	□ None		
	☐ Stabbing	Chiropractor		
\\ \frac{1}{2} \\ \fr	☐ Burning	☐ Medical Doctor		
13 13 14 15 15 15 15 15 15 15	☐ Achy	□ Physical Therapy		
	□ Dull	□ ER/Urgent Care		
	☐ Stiff & Sore	□ Orthopedic		
	☐ Other:	•		
	Does it radiate?	Previous Diagnostic Testing:		
R L L R	□ No □ Yes (Please indic			
	Improves with:	□ X-rays		
P_Pain T_Tender	☐ Ice	□ MRI		
N Numb H Hypoesthesia S Spasm	☐ Heat	□ CT		
Grade Intensity/Severity:	☐ Movement	□ Other:		
□ None (0/10)	☐ Stretching	*Women: Are you pregnant?		
□ Mild (1-2/10)	☐ OTC Medications:			
☐ Mild-Moderate (2-4/10)	Other:			
□ Moderate (4-6/10)	Worsens with:	Present Illness Comments:		
☐ Moderate-Severe (6-8/10)	☐ Sitting			
□ Severe (8-10/10)	☐ Standing/Walking			
Frequency:	☐ Lying Down/Sleeping			
□ Off & On	☐ Overuse/Lifting			
☐ Constant	Other:			
Prescription Medications & Supplements:	: □ None A	Allergies to Medications: No known drug allergies		
Yes (List – Name, dosage, frequency)		Yes (List - Name and reaction)		

PAST, FAMILY, AND SOCIAL HISTORY

Illnesses: Asthma Autoimmune Disorder (**)			I	Hospitalizations: (Non-surgical with Date)						Medical History Comments:	
☐ Autoimmune Disorder (7)	уре)										
☐ Blood Clots ☐ Cancer (Type) Surgeries: (If yes, page 1)					ves. pro	ovide type & surgery date)					
CVA/TIA (stroke)											
Diabetes											
Migraine Headaches Shoulder –						R/L					
Osteoporosis			Elbow/Forearm -								
☐ Other:				Wrist/Hand -							
						Hip -	-R/L				
					1 - 1-1 - /1	Cnee –	R/L				
njuries:							K / L				
Back Injury											
Broken Bones				Ē	Back:						
☐ Head Injury											
☐ Neck Injury				□ Oth	ner:					,	
□ Falls											
Other:											
	Mother	Father	Sibling1	Sibling2	Sibling3	Child1	Child2	Child3			
Condon			Si	Si	Si		0				
Gender	F	M									
Age at death (if Deceased)											
Aneurysms											
('V/A (Stroka)											
Congar											
Cancer											
Cancer Diabetes											
Cancer Diabetes Heart Disease											
Cancer Diabetes Heart Disease Hypertension											
Cancer Diabetes Heart Disease											
Cancer Diabetes Heart Disease Hypertension Other Family History	RY										
Cancer Diabetes Heart Disease Hypertension Other Family History		ed 🗆	Divorc	ed 🗆 (Other		Caf	feine 1	Use:		
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single	Marrie							feine		□ Energy Drinks □ Soda □ Never	
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2	Marrie	□ 4 □	Other:				_ [Cof	fee 🗆 Tea	□ Energy Drinks □ Soda □ Never	
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student	Marrie ☐ 3 ☐ lent ☐	□ 4 □ Part S	Other:	□ Nor	-Stude	ent	Exe	Cof	fee Tea frequency:		
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student	Marrie ☐ 3 ☐ lent ☐	□ 4 □ Part S	Other:	□ Nor	-Stude	ent	Exe	Cof	fee Tea frequency:		
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student	Marrie 3 lent Hi	☐ 4 ☐ Part S gh Sc	Other: tudent	□ Nor	n-Stude	ent d.	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	week □ 2-3xs/week □ Rarely □ Neve	
Cancer Diabetes Heart Disease Hypertension Other Family History CAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student Status: Other: Other: Dotter: Dotter: Dotter: Diabetes	Marrie	☐ 4 ☐ Part S gh Sc	Other:	□ Nor	n-Stude ge Grad	ent d.	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	week □ 2-3xs/week □ Rarely □ Neve	
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student Status: Full Student Status: Valighest level of Education: Post Grad. Other: Employed: No Yes (Marrie 3 lent : Hi	Part S gh Sc	Other:	□ Nor	a-Stude ge Grad	ent d.	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	week □ 2-3xs/week □ Rarely □ Neve	
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student Status: Full Student Status: Visual Student Status: Full Student Status: Single Children: None 2 Employed: No Status: Single Children: Right	Marrie 3 lent Hi	Part S gh Sc ion) _ eft	Other: tudent hool	□ Nor Colleg	n-Stude ge Grad	ent d. 	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	week □ 2-3xs/week □ Rarely □ Neve	
Cancer Diabetes Heart Disease Hypertension Other Family History CALL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student Status: Full Student Status: View of Education: Post Grad. Other: Post Grad. Right Cominant Hand: Right Smoking/Tobacco Use: If complete Status S	Marrie 3 lent Hi Coccupat Le	Part S gh Sc sion) _ eft _ moker,	Other: student hool Amb	□ Nor Colleg	a-Stude ge Grad ous	ent d. 	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	week □ 2-3xs/week □ Rarely □ Neve	
Cancer Diabetes Heart Disease Hypertension Other Family History CIAL AND OCCUPATIONAL HISTOR Marital Status: Single Children: None 1 2 Student Status: Full Student Status: Full Students	Marrie 3 lent Hi Coccupat Le	Part S gh Sc sion) _ eft _ moker,	Other: student hool Amb	□ Nor Colleg	a-Stude ge Grad ous	ent d. 	Exe	Cof rcise f	fee Tea frequency: ly 3-4xs/v	□ Energy Drinks □ Soda □ Never week □ 2-3xs/week □ Rarely □ Neve	

REVIEW OF SYSTEMS

REVIEW OF SYSTEMS

Many of the following conditions respond to chiropractic treatment.

Are you <u>currently</u> experiencing any of these symptoms? (Please select all that apply and use comments to elaborate.)

Constitutional: (General) ☐ Fever ☐ Fatigue ☐ Other: ☐ None in this Category	Respiratory: Difficulty Breathing Cough Other: None in this Category	Review of Systems Comments:
Musculoskeletal: ☐ Joint Pain/Stiffness/Swelling ☐ Muscle Pain/Stiffness/Spasms ☐ Broken Bones ☐ Other: ☐ None in this Category	Eyes & Vision: Eye Pain Blurred or Double Vision Sensitivity to Light Other: None in this Category	
Neurological: Dizziness or Lightheaded Convulsions or Seizures Tremors Other: None in this Category Psychiatric: (Mind/Stress) Nervousness/Anxiety	Head, Ears, Nose, & Mouth/Throat: Frequent or Recurrent Headaches Ear - Ache/Ringing/Drainage Hearing Loss Sensitivity to Loud Noises Sinus Problems Sore Throat Other: None in this Category	
 □ Depression □ Sleep Problems □ Memory Loss or Confusion □ Other: □ None in this Category Genitourinary: □ Frequent or Painful Urination 	Endocrine: ☐ Infertility ☐ Recent Weight Change ☐ Eating Disorder ☐ Other: ☐ None in this Category	
 □ Blood in Urine □ Incontinence or Bed Wetting □ Painful or Irregular Periods □ Other: □ None in this Category Gastrointestinal:	Hematologic & Lymphatic: Excessive Thirst or Urination Cold Extremities Swollen Glands Other: None in this Category	
□ Loss of Appetite □ Blood in Stool or Black Stool □ Nausea or Vomiting □ Abdominal Pain □ Frequent Diarrhea □ Constipation □ Other: □ None in this Category	Integumentary: (Skin, Nails, & Breasts) ☐ Rash or Itching ☐ Change in Skin, Hair, or Nails ☐ Non-healing Sores or Lesions ☐ Change of Appearance of a Mole ☐ Breast Pain, Lump, or Discharge ☐ Other: ☐ None in this Category	
Cardiovascular & Heart: ☐ Chest Pains/Tightness ☐ Rapid or Heartbeat Changes ☐ Swelling of Hands, Ankles, or Feet ☐ Other: ☐ None in this Category	Allergic/Immunologic: ☐ Food Allergies ☐ Environmental Allergies ☐ Other: ☐ None in this Category	
•	ny knowledge and certify them to be true and correct	