Date_____ **PATIENT HISTORY** Case#_____
Doctor_____

PLEASE FILL IN THE APPROPRIATE SPACES. (All information you give is confidential)

MAJOR COMPLAINT:_____
How long have you had this condition?_____
Date of Onset?_____
Have you lost workdays? ☐Yes ☐No If yes, how many?_____
Have you had this same condition before? ☐Yes ☐No If yes, when?_____
Was the injury accident related? ☐Auto accident ☐Work accident If yes, when?_____
When was your last auto accident?_____When was the one before that?_____
Previous Chiropractic Care? ☐Yes ☐No Chiropractor's Name_____
What was the reason for your initial visit?_____
What spinal maintenance programs were you given to follow to maximize the future stability of your spine?_____
Did you follow it?_____If not, why?_____
_____
Why are you changing chiropractors?_____
What surgeries have you had?_____
List drugs you now take (prescription and non-prescription)_____
_____
_____
Name other doctors you have seen for this condition:_____
What are your health goals?_____
How do you expect to achieve these goals?_____
_____

Please mark if you have had any of these symptoms in the last 12 months:

☐Fractured bones ☐Auto accidents _____0-1 years ago _____2-5 years ago _____6 years or more ☐Other accidents, falls ☐Arthritis ☐Diabetes ☐Convulsions, epilepsy ☐Skin problems ☐Cancer ☐Frequent colds, flu ☐Depressed ☐Irritable ☐Anemia ☐Allergy, sinus ☐Under stress ☐Eating disorders ☐Trouble sleeping ☐Trouble concentrating ☐Learning disability ☐Mood Changes	☐Neck pain or stiffness R L ☐Numbness, tingling, pain in arms, hands, fingers R L ☐Jaw pain or click (TMJ) R L ☐Difficulty in excessive standing, sitting, riding bending, lifting, twisting ☐Shoulder pain ☐Dizziness ☐Ringing in ears R L ☐Hearing loss ☐ Blurred or double vision ☐Upper back pain, stiffness ☐Mid back pain, stiffness ☐Lower back pain, stiffness ☐Pain with cough, sneeze ☐Hip pain R L ☐Headaches ☐ADD/ADHD	☐Numbness, tingling, pain in buttocks, legs, feet, toes R L ☐Foot trouble R L ☐Heart Problems ☐Stroke ☐High/low blood pressure ☐Chest pain, asthma ☐Liver trouble ☐Gall bladder problems ☐Digestive problems ☐Ulcers ☐Hemorrhoids ☐Prostate problems ☐Impotence ☐Kidney trouble ☐Menstrual problems, PMS ☐Pregnant (now) ☐Bedwetting ☐Ear infections ☐Varicose Veins ☐AIDS, HIV