

Patient Name \_\_\_\_\_

1. What is your major complaint? \_\_\_\_\_
2. How long have you been suffering? \_\_\_\_\_
3. Are your symptoms Sharp Shooting Dull Ache Burning Numb or Tingling? \_\_\_\_\_
4. Is it local or does it travel to other parts of your body? \_\_\_\_\_
5. What is the severity of your symptoms?      None 1 2 3 4 5 6 7 8 9 10 Severe \_\_\_\_\_
6. Is it constant or does it come & go? \_\_\_\_\_
7. What makes it better? \_\_\_\_\_
8. What makes it worse? \_\_\_\_\_
9. Is there anything else we should know about this condition? \_\_\_\_\_
10. List current Medicine \_\_\_\_\_
11. Primary Care Physician \_\_\_\_\_
12. Past surgeries \_\_\_\_\_
13. What is your occupation? \_\_\_\_\_

Only check those that apply:      Many conditions respond to chiropractic and acupuncture

Past Present

- Headaches
- Neck Pain
- Upper Back Pain
- Mid Back Pain
- Low Back Pain

- Shoulder Pain
- Elbow/Arm Pain
- Wrist Pain
- Hand Pain
- Hip/Leg Pain

- Knee/Leg Pain
- Ankle/Foot Pain
- Jaw Pain/TMJ
- Joint Stiffness
- Arthritis

- Rheumatoid Arthritis
- General Fatigue
- Ringing in Ears
- Visual Disturbances
- Dizziness

Past Present

- High Blood Pressure
- Heart Attack
- Chest Pains
- Stroke
- Angina

- Kidney Stones
- Kidney Disorder
- Bladder Infection
- Painful Urination
- Loss of Bladder Control

- Prostrate Problems
- Abnormal Weight Gain/Loss
- Abdominal Pain
- Ulcer
- Hepatitis

- Liver/Gall Bladder Disorder
- Cancer
- Asthma
- Chronic Sinusitis
- Seasonal Allergies

Past Present

- Diabetes
- Excessive Thirst/Urination
- Thyroid Disorder
- Smoking/Tobacco Use
- Drug/Alcohol dependence

- Food Allergies
- Depression
- Frequent Illness
- Epilepsy
- Dermatitis/Eczema/Rash

**Females Only**

- Hot Flashes
- Painful Periods/Cramps
- Birth Control Pills
- Are you Pregnant?

**Other Health Concerns/Problems**

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14. List all surgical procedures hospitalizations \_\_\_\_\_
15. Detail history of trauma, automobile accidents, sports injuries, work-related accidents, etc \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_