Case History

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

H. Phone (_____)_____ W. Phone (_____)_____ Cell Phone (_____)_____

Date of Birth _____ (Age _____) Social Security # _____ Occupation _____

Email address_____ Employer _____

Marital Status S M D W

Spouses Name _____ Spouses Occupation _____

Ages Of Children- _____

Who may we thank for referring you to our office? _____

Do you have previous Chiropractic experience? When? _____

Yes	No	Childhood Incidents That Could Impact Your Spine:	Patient Comment if answer is Yes
☐	☐	Childhood sicknesses?	_____
☐	☐	Accidents?	_____
☐	☐	Surgery?	_____
☐	☐	Drugs?	_____ _____
☐	☐	Did you have other traumas? What? When?	_____
		Current Health Status:	
☐	☐	Did/do you smoke?	_____ _____
☐	☐	Diet (Do you eat healthy foods?)	_____
☐	☐	Have you been in accidents?	_____
☐	☐	Have you had surgery and organs removed/replaced?	_____
☐	☐	Exercise regularly?	_____ _____
☐	☐	Physical stress?	_____
☐	☐	Hobbies/Sports injuries?	_____

Major Complaint _____

IS THIS RELATED TO A WORK OR AUTO INJURY (VERY IMPORTANT) YES_____ NO_____

Pain or Problem started on _____

Pains are ☐ Sharp ☐ Dull ☐Constant ☐Intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition worse during certain times of the day? _____

Is this condition interfering with work? _____

Is condition getting progressively worse? _____

Other Doctors seen for this condition _____

Any home remedies? _____

Other signs that the body is not funtioning properly. Have You Experienced (in the past 12 months)

☐ Headaches	☐ Pins & Needles in Legs	☐ Fainting or Dizziness
☐ Neck Pain	☐ Pins & Needles in Arms	☐ Loss of Smell
☐ Sleeping Problems	☐ Numbness in Fingers	☐ Loss of Taste
☐ Back Pain	☐ Numbness in Toes	☐ Diarrhea
☐ Nervousness	☐ Shortness of Breath	☐ Feet Cold
☐ Tension	☐ Fatigue	☐ Hands Cold
☐ Irritability	☐ Depression	☐ Stomach Upset
☐ Chest Pains	☐ Lights Bother Eyes	☐ Constipation