INTRODUCTION PATIENT CASE HISTORY

Name: (First MI Last	t)		Preferred Name	e:		
Address:		City:	State:	Zip:		
Home:	Mobile:	Mobile Carrier:	Wor	·k:		
Email:		Gender:	M / F Marital Status:	Single / Married / Other		
Social Security #:		Date of B	irth:			
Student Status: F	ull Student / Part Student / Non-Stude	nt Employed	l: Y / N			
Ethnicity: Hispani	Ethnicity: Hispanic or Latino / Not Hispanic or Latino / Decline		Preferred Language: English / Decline / Other:			
Race: Asian / Afri	can American / American Indian or A	laskan Native / Other / Na	ative Hawaii or Pacific Islan	nder / White / Decline		
*Referred By: (N	lame):	Family / Friend / Co	o-Worker / Doctor / Other S	Source		
EMERGENCY CONTACT INFO	RMATION					
Name: (First MI Last	Name: (First MI Last)		Primary Care Physician:			
Home: Mobile:		Doctor's	Doctor's Phone:			
Relationship: Chi	ld / Parent / Spouse / Other:					
FINANCIAL INFORMATION						
	Worker's Comp	Personal Injury/Auto	Other (please explain):			
			Other (please explain):			
Insurance PRIMARY INSURA		SECONDAI	RY INSURANCE			
Insurance PRIMARY INSURAL Insurance Name:	NCE	SECONDAI Insurance				
Insurance PRIMARY INSURAL Insurance Name:	<u>NCE</u>	SECONDAI Insurance	RY INSURANCE Name: o Insured: Self / Spouse / 1			
PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self:	<u>NCE</u>	Insurance Relation t Other than Se	RY INSURANCE Name: o Insured: Self / Spouse / 1	Parent / Child / Other		
Insurance PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self: Insured's Name	NCE	SECONDAI Insurance Relation t Other than So M / F Insured	RY INSURANCE : Name: o Insured: Self / Spouse / I elf: 's Name: s:	Parent / Child / Other Gender: M / F		
Insurance PRIMARY INSURAN Insurance Name: Relation to Insure Other than Self: Insured's Name Address:	NCE ed: Self / Spouse / Parent / Child / Other: Gender:	SECONDAI Insurance Relation t Other than Se M / F Insured Address	RY INSURANCE Name: o Insured: Self / Spouse / I	Parent / Child / Other Gender: M / F		
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Insurance PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone:	NCE	SECONDAI Insurance Relation t Other than Se M / F Insured Address City:	RY INSURANCE Name: o Insured: Self / Spouse / I elf: 's Name: State	Parent / Child / Other Gender: M / F		
PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone:	NCE ed: Self / Spouse / Parent / Child / Oth e: Gender: State: Zip: Date of Birth:	SECONDAI Insurance Relation t Other than Se M / F Insured Address City: Phone:	RY INSURANCE P Name: O Insured: Self / Spouse / I P S Name: State Date	Parent / Child / Other Gender: M / F		
Insurance PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone: Phone: RESPONSIBLE PARTY Who is responsible	NCE	SECONDAI Insurance Relation t Other than Se M / F Insured Address City: Phone:	RY INSURANCE P Name: O Insured: Self / Spouse / I P S Name: State Date	Parent / Child / Other Gender: M / F		
PRIMARY INSURAL Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone: RESPONSIBLE PARTY Who is responsible Other than Self:	ed: Self / Spouse / Parent / Child / Oth E: Gender: State: Zip: Date of Birth:	SECONDAI Insurance Relation t Other than Se M / F Insured Address City: Phone:	RY INSURANCE Po Insured: Self / Spouse / Insu	Parent / Child / Other Gender: M / F		
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It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged

PATIENT CASE HISTORY

ISTORY OF CURE	RENT CONDITION							
Describe Ma	jor Complaint:							
A STATE OF THE PARTY OF THE PAR								
-								
Grade Inten	sity/Severity of Com	plaint: None	(0) / Mild (1-2) /	/ Mild-Mod (2-4) / Moder	ate (4-6) /	Mod-Sev	ere (6-8) / S	evere (8-
Quality of th	e complaint/pain: S	Sharp / Stabbing	g / Burning / Ach	ny / Dull / Stiff & Sore / C	Other:			
How frequen	t is the complaint pr	resent? Off &	On / Constant					
Does this con	nplaint radiate/shoo	t to any areas	of your body?	No / Yes (Describe)				
	of Skull / Forehead / Sid		WINDSHOP AND INCIDENTAL PORTS	and the second s			R/L/Both	
Arm - Across	Shoulder / Elbow / Ha	nd-Fingers R	/L/Both	Other Area:				
Does anythin	g make the complain	nt better? Ice /	Heat / Rest / Mo	ovement / Stretching / OT	C / Other:			
				Lying / Sleep / Overuse /				
				scribe)				
	RENT condition, h		1200					
			ID / PT / Massag	ge / ER / Other:		Vhere?		
						No.		
 Had any d 	iagnostic testing? X-	rays / MRI / C	f / Other:	When and	Where? _			
EALTH HISTORY	- (PLEASE USE THE REVER	SE SIDE OF THIS PA	GE IF ADDITIONAL S	SPACE IS NEEDED)				
dications and	Supplements:							
Allergies to I			NONE	Family Health History	<u>:</u>			N/
		Reaction	110112	List relevant major	health pr	oblems o	f First degr	ee relativ
Haii	Name Reaction		Average Parket	Problem		Parent	Sibling	Child
						(M or F)	(B or S)	(S or D)
Current Med	lications & Supplem	ents:	NONE					
Nam	e Dosage	Frequency	Method					
				Social and Occupation		•		
				Smoking/Tobacco Us	e: Every D	ay / Some	e Days / For	mer / Nev
st Health Hist	ory: (Please list any pa	ist)		Habit	Туре	•	Amount	Year Started
Sau Si Saus	alls in the last 24 mo		juries? Y or N	Smoking				charted
	mis in the last 24 Inc			Tobacco				
Surgeries:			NONE	Alcohol				
Date	Area of the Body	Re	ason	Caffeine				
20110				Rec. Drugs				
				Education: High Scho	ool / Colleg	ge Grad./	Post Grad.	Other:
	es / Traumas / Hosp	italizations:	NONE	Education: High School	ool / Colleg	10-	Post Grad.	Other:
Major Injuri	es / Traumas / Hosp	A PER - A PROPERTY OF THE PROPERTY OF THE	NONE	Lifestyle Hobbies	ool / Colleg	10-		Other:
	es / Traumas / Hosp	italizations: Describe	NONE	Lifestyle Hobbies Recreation	ool / Colleg	10-		Other:
Major Injuri	es / Traumas / Hosp	A PER - A PROPERTY OF THE PROPERTY OF THE	NONE	Lifestyle Hobbies Recreation Exercise	ool / Colleg	10-		Other:
Major Injuri	es / Traumas / Hosp	A PER - A PROPERTY OF THE PROPERTY OF THE	NONE	Lifestyle Hobbies Recreation	ool / Colleg	10-		Other:

Patient No:

REVIEW OF SYSTEMS

Are you <u>currently</u> experiencing any of these symptoms? (Check all the apply) Many of the following conditions respond to Chiropractic and Acupuncture treatment.

General: (constitutional)	Gastrointestinal:	Endocrine, Hematologic, and			
Recent Weight Change	Loss of Appetite	Lymphatic:			
Fever	Blood in Stool	☐ Thyroid problems			
☐ Fatigue	Change in Bowel Movements	Diabetes			
None in this Category	Painful Bowel Movements	Excessive Thirst or urination			
	Nausea or Vomiting	☐ Cold Extremities			
Musculoskeletal:	Abdominal Pain	☐ Heat or Cold intolerance			
☐ Low Back Pain	Frequent Diarrhea	Change in hat or glove size			
Mid Back Pain	Constipation	Dry skin			
Neck Pain	Other:	Glandular or hormone problem			
Arm Problems	None in this Category	Swollen Glands			
Leg Problems	None in this Category				
Painful Joints	Cardiovascular & Heart:	☐ Anemia			
Stiff/Swollen Joints	Chest Pains	Easily Bruise or Bleed			
Sore/Weak Muscles or Joints	Rapid or Heartbeat changes	Phlebitis			
Muscle Spasms/Cramps	Blood Pressure Problems	Transfusion			
Broken Bones	Swelling of Hands, Ankles, or Feet	 Immune system disorder 			
Other:	Heart Problems	Other:			
None in this Category	Other:	None in this Category			
Neurological:	None in this Category	Skin and Breasts:			
Numbness or tingling sensations	Despiratory	Rash or Itching			
	Respiratory:	Change in Skin Color			
Loss of Feeling	☐ Difficulty Breathing	Change in hair or nails			
Dizziness or light headed	Persistent Cough	Non-healing sores			
Frequent or Recurrent Headaches	☐ Coughing Blood	Change of appearance of a mo			
Convulsions or seizures	☐ Asthma or Wheezing	Breast Pain			
Tremors	Lung Problems	Breast Lump			
Stroke	Other:				
Other:	☐ None in this Category	Breast Discharge			
None in this Category	Eyes and Vision:	Other:			
Mind/Stress:	☐ Wear contacts/glasses				
Nervousness	☐ Blurred or double vision	Women Only:			
Depression	Glaucoma	Are you pregnant?			
Sleep Problems	Eye disease or injury				
Memory Loss or Confusion	Other:	Yes - Due Date//			
Other:	None in this Category	No - Last Menstrual Period			
None in this Category		/ /			
	Ears, Nose and Throat:	Infortility			
Genitourinary:	Bleeding gums / mouth sores	InfertilityPainful or Irregular periods			
Sexual Difficulty	Bad Breath or bad taste				
☐ Kidney Stones	Dental Problems	☐ Vaginal Discharge			
Burning/Painful Urination	Swollen throat or voice change	Other:			
Change in force/strain w Urination	Swollen glands in neck	None in this Category			
Frequent Urination	Ringing in the ears	Pregnancies:			
Blood in Urine	☐ Ear - Ache/Ringing/Drainage				
 Incontinence or Bed Wetting 	Sinus / Allergy problems	Date Outcome			
Other:	Nose Bleeds				
None in this Category	☐ Hearing Loss				
0.0	Other:				
	None in this Category				
Comments:					
Comments:					
I have read the above information and certify	it to be true and correct to the best of my knowledge,	and hereby authorize this office to provide m			
with chiropractic care, diagnostic testing, and	for therapeutic services, in accordance with this state	's statutes.			
Patient or Guardian Signature		Date			
Treating Doctor Signature		Date			

Functional Rating Index

For use with Neck and/or Back Problems only.

In order to properly assess your condition, we must understand how much your <u>neck and/or back problems</u> have affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**

