

CONFIDENTIAL PATIENT CASE HISTORY



Dear Patient:

Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case.

THANK YOU.

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Age _____ Birthdate _____ Marital Status: M S W D

Work Telephone _____ # Children _____ Spouse's Name _____

Occupation _____ Referred by _____ Spouse's Office Telephone _____

HEALTH INFORMATION:

Have you had previous chiropractic care? _____

What is your major complaint? _____

Other complaints: _____

How long have you had this condition? _____ Have you had this or similar conditions in the past? _____

What activities aggravate your condition? _____

Is this condition getting progressively worse? Yes No Constant Comes and goes

Is this condition interfering with your: Work Sleep Daily routine Other _____

How long has it been since you really felt good? _____

Other doctors who treated this condition _____

List surgical operations and years: _____

Drugs you now take: Nerve pills Pain killers Muscle relaxers "Pep" pills Tranquilizers

Insulin Birth control pills Others _____

Age of mattress _____ Comfortable Uncomfortable

Are you wearing: Heel lifts Sole lifts Inner Soles Arch supports*

Have you been in an auto accident? Past year Past 5 years Over 5 years Never

Describe: _____

Have you had any other personal injury or accident? Past year Past 5 years Over 5 years

None

Describe: _____

