CHIROPRACTIC INTAKE & HISTORY



| PATIENT | INFOR | MATION | N . | | | | | | |
|------------------------|----------------|--------------------------|-----------------|-----------------------|-------------------|------------------------|--------------|------------|------------------|
| Patient Name | | | | | _ Employer | r / School | | | |
| | | LAST | NAME | | Occupati | on | | | |
| Address | FIRST NAME | | MIDDLE | INITIAL | • | s Name | | | |
| City | | | State | 7in | • | Employer | | | |
| Home Phone | | | | • | • | Occupation | | | |
| | | | | | • | · | | | |
| Cell Phone | | | | | | OF EMERGENCY, C | | | |
| Email | | | | | | | | | |
| | | | Birthday | | Relations | ship | | | |
| ☐ Married | ☐ Widov | ved 🗖 | Single | ☐ Minor | Contact N | Number | | | |
| □ Separated | ☐ Divord | ced 🗖 | Partnered | | Who may | y we thank for referri | ng you? | | |
| HOW CA | | | | | | | | | |
| | | | | | | | | | |
| If you are alread | dy experienci | ing a sympto | m, what is it? | | | | | | |
| How bad is it? | How intense | are your sym | ptoms? (circle | e) 0 NO SYMPTON | | 8 9 6 | 6 0 | | NTENSE MPTOMS |
| Please circle ar | eas to the rig | ht where you | ı have pain or | other sympto | oms: | عَ عَالَ | 3 3 | | |
| What does it fe | el like? (che | ck where ap | propriate) | | | // // | // / | | |
| ■ Numbness | | ☐ Sharp | | | | | /// \\ | , | |
| ☐ Tingling | | ☐ Shooting | | | | (8/ X 16) | 6/4/9 | | |
| ☐ Stiffness | | B urning | | | | | | - | |
| □ Dull | | Throbbing | | | |))((|) // (| | |
| ☐ Aching | | Stabbing | | | | ()() | ()() | | |
| ☐ Cramping | | 3 Swelling | | | | \()/ | \()/ | | |
| □ Nagging | | Ü | | | |) |))[[| | |
| — 11aggg | | - Other <u></u> | | | | | | | |
| IMPACT How is this sym | nptom / cond | lition interferi Mild | ng with your li | Severe | here appropriate) | No Fr | Mild | Moderate | Severe |
| Work | Effect | Effect | Effect | Effect | Energy | Effect | Effect | Effect | Effect |
| Exercise | | | | | Attitude | | | | |
| Recreation | | | | | Patience | | | | |
| Relationships | | _ | | | Productivity | _ | | _ | |
| Sleep | | | | | Creativity | | | | |
| Self-Care | | | | | Other | | | | |
| How committee | d are you to o | correcting thi | N | O O | 8 | 4 6 6 | 7 | 8 9 | VERY DMMITTED |

| 4 | I | ILLNFS | S-WFI I | NESS CO | INITAC | JUM | | | |
|--|-------------------------|---|---|---|--|---|-------------------------|---|--|
| | | | <u> </u> | . 1200 00 | | | | | |
| PDE | | | | MFORT | | | | | |
| PRE- MATURE | Disease De | veloping - | | ONE - | Wellne | ss Devel | oping — | → HIGH | |
| DEATH | | | (FALSI | WELLNESS) | | | | WEL | LNESS |
| 0 | 1 2 | 3 | 4 | 5 6 | 7 | 8 | 9 | 10 | |
| | | | | | | | | | |
| | | | | | | | | | |
| DISEASE Multiple medications | | R HEALTH mptoms | | IEUTRAL symptoms | | OOD HEALTI gular exercis | | OPTIMAL 100% f | |
| Poor quality of life Potential becomes limited | Dru | g therapy Surgery | Nutritio | on inconsistent cise sporadic | G | ood nutrition ness educati | | Continuous of Active par | |
| Body has limited function | Losing n | ormal function | | ot a high priority | | nerve interfe | | Wellness | |
| - H | | | | | | | | | |
| n the arrow diagram abo | | | | | | | | | |
| A. What number do you | think represent | ts your health | n today? | | | | | | |
| B. In what direction is yo | ur health curre | ently headed? | | | | | | | |
| /hat are your health goals | ? | | | | | | | | |
| IMMEDIATE | | | | | | | | | |
| SHORT TERM . | | | | | | | | | |
| LONG TERM _ | | | | | | | | | |
| LONG TERM = | | | | | | | | | |
| low many children do you | ı have? | | | • | • • | • | | ☐ Yes, I am (| |
| low many children do you | ı have? | | | Number | of past pre | gnancies? | | ☐ Yes, I am o | |
| low many children do you childrens' ages? childrens' health concerns | ı have? | | | Number Health c | of past preg | gnancies? parding this | pregnand | · | |
| low many children do you childrens' ages?childrens' health concerns | r have? | | | Number Health o | of past preconcerns reg | gnancies? larding this | pregnand | cy? | ve or have t |
| ow many children do you childrens' ages? | ess His | TORY | ssues | Number Health o | of past preconcerns reg | gnancies? larding this | pregnand y condition | cy?n that you hav | ve or have t |
| ow many children do you hildrens' ages?hildrens' health concerns HEALTH & ILLN AIDS/HIV Alcoholism | ! have? ? ESS HIS | STORY Circulation Is | ssues | Number Health o | of past pred concerns reg eck the box daches / Mig t Disease | gnancies? larding this | pregnand y condition | n that you hav | ve or have h |
| iow many children do you childrens' ages? childrens' health concerns lEALTH & ILLN l AIDS/HIV l Alcoholism l Anxiety | ESS HIS | STORY Circulation Is Childhood III | ssues | Number Health of | eck the box daches / Mig t Disease | gnancies? larding this | y conditio | n that you have Ringing in E | ve or have h |
| Iow many children do you childrens' ages? Childrens' health concerns HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss | ssues ness | Please ch | eck the box daches / Mig t Disease | gnancies? larding this | y condition | n that you have Ringing in E | ve or have h Ears sues |
| low many children do you childrens' ages? | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia | esues ness sues arrhea/GERD/IBS) | Please ch | eck the box daches / Mig t Disease atitis | gnancies? parding this beside any graines | y condition | n that you have Ringing in Ed. Scoliosis Shoulder Is Stroke | ve or have h Ears sues |
| low many children do you childrens' ages? | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ | esues iness sues arrhea/GERD/IBS) /Hand Issues | Please ch Please ch Hear Hear Hear Hepr Hip I | eck the box daches / Mig t Disease atitis ssues une Issues | gnancies? larding this beside any graines | y condition | n that you have a Ringing in E Scoliosis Shoulder Is Stroke TMJ Issues | ve or have h Ears sues |
| How many children do you childrens' ages? Childrens' health concerns HEALTH & ILLN Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Is: | ssues sues surhea/GERD/IBS) /Hand Issues sues (Thyroid) | Please ch Please ch Hear Hear Hear Hepr Hip I | eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi | gnancies? larding this beside any graines | y condition | n that you have a score of the | ve or have h Ears sues ues sis |
| ow many children do you hildrens' ages? hildrens' health concerns IEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Iss Foot/Ankle Is | ssues sues surhea/GERD/IBS) /Hand Issues sues (Thyroid) | Please ch Please ch Hear Hear Hepr Hip I Mult | eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi | gnancies? parding this beside any graines s s | y condition | n that you have a scoliosis a Shoulder Is Stroke a TMJ Issues a Urinary Issue o Osteoporos | ve or have h Ears sues ues sis |
| ow many children do you hildrens' ages? hildrens' health concerns IEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Is: | ssues sues surhea/GERD/IBS) /Hand Issues sues (Thyroid) | Please ch Please ch Hear Hear Hepr Hip I Mult | eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain | gnancies? parding this beside any graines s s | y condition | n that you have a scoliosis a Shoulder Is Stroke a TMJ Issues a Urinary Issue o Osteoporos | ve or have h Ears sues ues sis |
| Iow many children do you childrens' ages? Childrens' health concerns HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Is: Foot/Ankle Is | ssues Iness sues arrhea/GERD/IBS) /Hand Issues sues (Thyroid) ssues | Please ch Please ch Hear Hear Hear Hepr Hip I Mult Repr | eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain | gnancies? parding this beside any graines s s | y condition | n that you have a scoliosis a Shoulder Is Stroke a TMJ Issues a Urinary Issue o Osteoporos | ve or have h Ears sues ues sis |
| CHILDREN & PI How many children do you Childrens' ages? Childrens' health concerns HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer ALLERGIES, MI | ESS HIS | Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Iss Foot/Ankle Is Gout | ssues ness sues arrhea/GERD/IBS) /Hand Issues sues (Thyroid) ssues | Number Health of Please ch Hear Hear Hear Hear Hear Hear Repr | eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain | gnancies? parding this beside any graines s s s | y condition | n that you have a Ringing in E Scoliosis Shoulder Is Stroke TMJ Issues Urinary Issues Other | ve or have h Ears sues ues sis |
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