ACTIVE CHIROPRACTIC & REHABILITATION, LLC.

Patient History

Name: ____ Date: ________________

1 Complaint(s): ________________________________

2 Onset Date: __________

3 Cause:

( ) Trauma: ____________________ ( ) Woke with it

( ) Slow onset over _____ Days / months ( ) Unknown

( ) Other: ____

4 Since the onset, pain interferes with:

( ) Sitting After _____ (Minutes / Hours)

( ) Standing After _____ (Minutes / Hours)

( ) Walking After _____ (Minutes / Hours)

( ) Activities of Daily living:

( ) Getting dressed ( ) Bathing / Showering ( ) Cleaning the house

( ) Sleep: ( ) Getting to sleep ( ) staying alseep

( ) Recreational activities:

( ) Golf ( ) Basketball ( ) Softball ( ) Running ( ) Cycling ( ) Other: ___________

5 History of pain:

( ) Comes and goes for years ( ) Constant for years ( ) Never had this before

6 Problems or changes with the following? Check all that apply or ( ) All Negative

( ) Sense of smell ( ) Blurred vision ( ) Speech ( ) Memory

( ) Sense of taste ( ) Swallowing ( ) Balance

( ) Hearing ( ) Facial weakness ( ) Numbness / pain in the face

7 Goal(s) for Care: ( ) Pain Relief ( ) Correction of Underlying Problem

( ) Learn of Healthier Lifestyle

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8 Accidents / Injuries / Falls: ________________________________

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9 Conditions / Illnesses: ________________________________

____

10 Surgeries: ________________________________

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11 Fractures: ________________________________

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12 Hospitilizations: ________________________________

13 Recent X-Rays / MRI's: ________________________________

Pregnancies: ________________________________

14 Are you or could you be currently pregnant? Y / N ____________________

Allergies: ________________________________

15 ________________________________

Medications: ________________________________

16 ________________________________

Supplements: ________________________________

17 ________________________________

18 Water Intake: _____ Ounces / bottles per day ____________________

19 Smoke: ( ) Yes - _____ packs / day ( ) No - Quit ______ yrs ago ( ) No - Never did