

CONFIDENTIAL PATIENT CASE HISTORY

Date: _____

Name _____ Sex M / F Social Security # _____

Address _____ City _____ State _____ Zip _____

Home phone () _____ Cell phone () _____ Work () _____

Age _____ Date of Birth _____ # of Children _____

Occupation _____ Employer _____

Marital Status: M S W D Spouse's Name _____ Spouse's Telephone _____

In case of emergency, nearest relative's name & phone # _____

Primary insured's work (company) name & phone # _____

Email Address: _____

HEALTH INFORMATION

Have you had previous chiropractic care? Yes No Height _____ Weight _____

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 well? _____

Other doctors who treated this condition: _____

List surgical operations, MRI's, CT Scans, etc., & dates: _____

Do you smoke? If yes, how much? _____ How long? _____

Do you drink alcoholic beverages? _____ If yes, how much? _____ How often? _____

Drugs you take: ☐ Nerve pills ☐ Pain killers ☐ Muscle Relaxers ☐ "Pep pills"

☐ Tranquilizers ☐ Insulin ☐ Birth Control Pills ☐ Other _____

Age of mattress: _____ ☐ Comfortable ☐ Uncomfortable

Are you wearing: ☐ Heel lifts ☐ Sole Lifts ☐ Inner soles ☐ Arch supports

If you have had stress during the past year, describe ongoing stress or occasional stresses: _____

Have you been in an auto accident? _____ ☐ Past year ☐ Past 5 years ☐ Over 5 years ☐ Never
Describe: _____

Have you had any other injury? _____ ☐ Past year ☐ Past 5 years ☐ Over 5 years ☐ Never
Describe: _____

Date of last physical examination _____

Family Physician - Name, Address & Telephone _____

FAMILY HEALTH INFORMATION: Many health problems are the result of hereditary spinal weakness; thus information about your family members will give us a better picture of your total health picture.

NAME	RELATIONSHIP	PAST & PRESENT HEALTH PROBLEMS