Patient Name: _____ Date: _____

Chief Complaint (Reason for Visit): _____

Pain Intensity (0-10): _____ (10 worse) Does this limit your activity/daily routine? ☐ No ☐ Yes _____

Date condition began: _____ ☐ Gradual onset ☐ Sudden onset
☐ Constant (76-100% of day) ☐ Frequent (51-75% of day) ☐ Occasional (26-50% of day) ☐ Intermittently (0-25% of day)

Has it ever occurred before? ☐ No ☐ Yes When? _____

Is the Condition: ☐ Auto/Vehicle Related ☐ Work Related ☐ Home Injury ☐ Unknown Cause ☐ Sports
☐ Slip or Fall ☐ Lifting ☐ Slept Wrong ☐ Overexertion ☐ Other

Explain: _____

If injury Related: Date: _____ Time: _____ Other Info: _____

Any Additional Complaints/Problems? _____

Is there anything that **improves** the symptoms?
☐ Sleep/Rest ☐ Activity ☐ Rx Medication ☐ Pain Medication ☐ OTC Medication ☐ Stretching

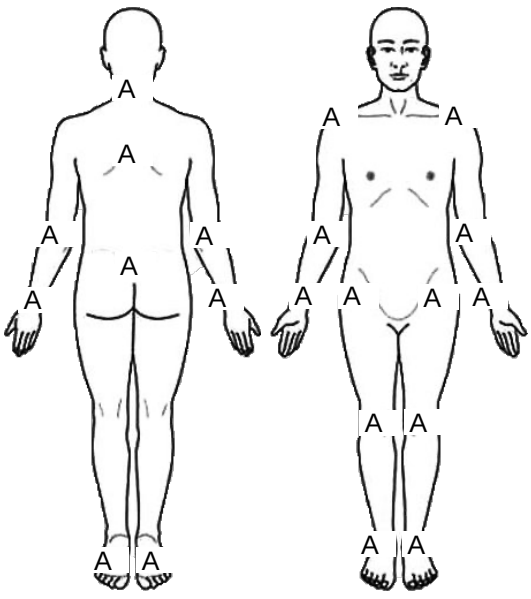
☐ Movement ☐ Heat ☐ Ice ☐ Ointments/Gels ☐ Massage ☐ TENS ☐ Sitting ☐ Standing

☐ Other _____ ☐ Nothing Helps

What makes symptoms **worse** or more noticeable? Most noticeable when?
☐ Sleep/Rest ☐ All activity ☐ Sitting ☐ Sports ☐ Bending ☐ Lifting
☐ Standing ☐ Driving ☐ Computer ☐ Household ☐ Yardwork
☐ Exercise ☐ Stairs ☐ Self/Family Care ☐ Other _____
☐ Morning ☐ Afternoon ☐ Night ☐ Constant

Nature of the pain:
☐ Dull Ache ☐ Burning ☐ Sharp ☐ Stabbing ☐ Numb/Tingling
☐ Other _____ ☐ Throbbing ☐ Localized ☐ Radiates _____

Indicate on the drawing where you have pain or symptoms:
A-ache B-burning N-numbness S-sharp/stabbing P-pins/needles (tingling)



Have you seen someone else for this condition? ☐ No ☐ Yes
If yes, who? _____ When? _____

List any treatments, diagnosis given _____
Was treatment helpful? ☐ No ☐ Yes For how long? _____

☐ Recent: x-rays/ MRI/ CT/ Other Where? _____

Previous Chiropractic Care: ☐ No ☐ Yes
Dr. Name: _____ Location: _____ Last Visit: _____

How did you hear about us? **Did another office refer you?** ☐ **Yes** ☐ **No** (MD, Orthopedic, etc.)
(☐) Family _____ (☐) Friend _____ (☐) Co-Worker _____ (☐) Dr. _____
(☐) Close to work/home (☐) Yellow Pages (☐) Insurance Plan (☐) Hospital (☐) Drove by