CHIROPRACTIC INTAKE & HISTORY



Patient Name					Employe	Employer / School						
	LAST NAME				Occupati	Occupation						
FIRST NAME MIDDLE INITIAL					800							
Address						Spouse's Name						
ity State					Spouse's	Spouse's Employer						
lome Phone	me Phone					Spouse's Occupation						
Cell Phone						IN CASE OF EMERGENCY, CONTACT						
mail					Name							
Sex DM DF Age Birthday					Relations	Relationship						
Married □ Widowed □ Single □ Minor					Contact I	Contact Number						
3 Separated	□ Divorce		Partnered									
HOW CA	N WE HE	I P VO	112									
f you are alrea	dy experiencing	g a symptor	m, what is it?									
	How intense ar		•	SYMPTOMS		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6	6 7		MTENSE MPTOMS		
			vonvioto)			\ _{\(\)}	,)					
Vhat does it fe	eel like? (check	wnere app	ropriate)			/ //	1 1	// // //	\			
Vhat does it fo Numbness	•	wnere app Sharp	oropriate)									
1 Numbness		Sharp	oropnate)									
Numbness Tingling	_ 	Sharp Shooting	ropriatej									
Numbness Tingling Stiffness		Sharp Shooting Burning	горпаце)									
NumbnessTinglingStiffnessDull		Sharp Shooting Burning Throbbing	горпаце)									
NumbnessTinglingStiffnessDullAching		Sharp Shooting Burning Throbbing Stabbing	горпаце)									
NumbnessTinglingStiffnessDullAchingCramping		Sharp Shooting Burning Throbbing Stabbing Swelling										
NumbnessTinglingStiffnessDullAching		Sharp Shooting Burning Throbbing Stabbing Swelling	горпаце)									
1 Numbness 1 Tingling 2 Stiffness 1 Dull 2 Aching 3 Cramping 3 Nagging	OF YOUR	Sharp Shooting Burning Throbbing Stabbing Swelling Other	PTOMS		ere appropriate)		No Effect	Mild	Moderate Effect	Sever Effect		
1 Numbness 1 Tingling 2 Stiffness 1 Dull 2 Aching 3 Cramping 3 Nagging	OF YOUF	Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYMP on interferin	PTOMS ng with your life Moderate	fe? (check who	ere appropriate) Energy		No	Mild	Moderate			
1 Numbness 1 Tingling 2 Stiffness 1 Dull 2 Aching 3 Cramping 3 Nagging MPACT How is this syn	OF YOUF	Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYMI on interferin Mild Effect	PTOMS ng with your lift Moderate Effect	fe? (check who Severe Effect			No Effect	Mild	Moderate Effect	Effect		
1 Numbness 1 Tingling 2 Stiffness 1 Dull 2 Aching 3 Cramping 3 Nagging MPACT How is this syn	OF YOUF	Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYMI on interferin Mild Effect	PTOMS Ing with your lift Moderate Effect	fe? (check whe Severe Effect □	Energy		No Effect	Mild Effect	Moderate Effect	Effec		
1 Numbness 1 Tingling 1 Stiffness 1 Dull 1 Aching 1 Cramping 1 Nagging MPACT How is this syn	OF YOUF Inptom / condition No Effect	Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYMI on interferin Mild Effect	PTOMS Ing with your lift Moderate Effect	fe? (check who Severe Effect	Energy Attitude		No Effect	Mild Effect	Moderate Effect	Effec		
1 Numbness 1 Tingling 1 Stiffness 1 Dull 1 Aching 1 Cramping 1 Nagging MPACT How is this syn Vork Exercise Recreation	OF YOUR nptom / condition No Effect	Sharp Shooting Burning Throbbing Stabbing Swelling Other On interferin Mild Effect U U U	PTOMS Ing with your lift Moderate Effect	fe? (check whe Severe Effect	Energy Attitude Patience		No Effect	Mild Effect	Moderate Effect	Effec		
Numbness Tingling Stiffness Dull Aching Cramping Nagging MPACT Iow is this syn	OF YOUF nptom / condition No Effect	Sharp Shooting Burning Throbbing Stabbing Swelling Other On interferin Mild Effect U U U	PTOMS Ing with your lift Moderate Effect I	fe? (check whe Severe Effect	Energy Attitude Patience Productivity		No Effect	Mild Effect	Moderate Effect	Effec		

PATIENT WELLNESS ASSESSMENT										
	ILLNESS-	-WELLNESS	CONTIN	JUM						
PRE- MATURE	Disease Developing —	COMFOF ZONE	Welln	ess Developing	HIGH-LEVEL WELLNESS					
DEATH 0	1 2 3	(FALSE WELLNI	6 7	8 9	10					
		<u> </u>		0 3						
DISEASE Multiple medications Poor quality of life Potential becomes limited Body has limited function	POOR HEALTH Symptoms Drug therapy Surgery Losing normal function	NEUTRAL No symptoms Nutrition inconsis Exercise sporac Health not a high p	tent Ri	OOD HEALTH egular exercise Good nutrition lness education al nerve interference	OPTIMAL HEALTH 100% function Continuous development Active participation Wellness lifestyle					
On the arrow diagram abov	e:									
_	o. nink represents your health to	day?								
B. In what direction is you	ır health currently headed? _									
What are your health goals'	?									
IMMEDIATE										
LONG TERM —										
Childrens' ages?	have?	N		gnancies?	☐ Yes, I am due					
HEALTH & ILLN	ESS HISTORY	Ple	ase check the box	c beside any condi	tion that you have or have had.					
□ AIDS/HIV	☐ Circulation Issu	es [Headaches / Mi	graines	☐ Ringing in Ears					
□ Alcoholism	□ Childhood Illnes	ss [Heart Disease		□ Scoliosis					
☐ Anxiety	□ Depression		Hepatitis		☐ Shoulder Issues					
□ Arteriosclerosis□ Arthritis	□ Diabetes□ Digestive Issues		Hip Issues Immune Issues		☐ Stroke☐ TMJ Issues					
☐ Asthma/Allergies	(Constipation/Diarrhe	a/GERD/IRS)	Lymphatic Issues	es	☐ Urinary Issues					
☐ Back Pain	☐ Elbow/Wrist/Ha	nd legues	Multiple Scleros		☐ Osteoporosis					
☐ Cardiovascular Issues	□ Endocrine Issue		Neck Pain		□ Other					
☐ Cancer ☐ Foot/Ankle Issues ☐ Reproductive				sues	-					
ALLERGIES, ME	DICATIONS β SU	PPLEMENT	S							
ALLERGIES (list)	MEDI:	CATIONS (list)		SUPPLEM	ENTS (list)					