

CHEIF COMPLAINT

List your current complaint(s):

1. _____

INTENSITY			FREQUENCY			
Light	Moderate	Extreme	Constant	Frequently	Occasionally	Intermittently

2. _____

INTENSITY			FREQUENCY			
Light	Moderate	Extreme	Constant	Frequently	Occasionally	Intermittently

3. _____

INTENSITY			FREQUENCY			
Light	Moderate	Extreme	Constant	Frequently	Occasionally	Intermittently

HEALTH HISTORY

List all medical conditions associated with your current health: _____

List all known, immediate family (mother, father, brother, sister), health history:

Condition(s): _____ Relation: _____

Condition(s): _____ Relation: _____

Condition(s): _____ Relation: _____

Condition(s): _____ Relation: _____

Please circle all that apply:

TOBACCO USE				FREQUENCY		
Cigarette	Cigar	Chew	Dip	Past (over 1 year ago)	Current (at least one a day)	Occasionally (once a week and/or month)

ALCOHOL USE		
Once a day	Once a week	Special Occasion

EXERCISE		
Daily	At least 3 times a week	Sometimes (less than 3 times a week)

Do you have a Primary Care Doctor: Y N

Last Physical Exam Date: _____ Finding(s): _____

Please list all current medications and/or medications taken within the past 90 days: _____

Have you had any surgeries within the past 10 years: Y N

If Yes, what procedures did you have done: _____

Please circle all that apply:

Pins	Plates	Screws	Shrapnel	Bullet Wounds	Defibrillator	Pacemaker
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Have you been hospitalized for any reason, other than surgery, within the past year: Y N

If Yes, what was the reason: _____

Have you ever been under Chiropractic Care: Y N

If Yes, how long ago was your last adjustment: _____

I certify that I have read and understand the above information. All questions have been answered accurately to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health.

Patient (Print Name): _____

Patient Signature: _____ Date: _____

****If patient is under the age of 18 (minor) parent/guardian MUST sign below for consent of treatment.**

Guardian (Print Name): _____ Relation: _____

Guardian Signature: _____ Date: _____