CHIROPRACTIC INTAKE & HISTORY



| Patient Name | | | | | Employer / So | chool | | | |
|--|-------------------------------------|--|--|---|--|-------------------|----------------|--------------------|---------------------|
| | | LAST | NAME | | Occupation _ | | | | |
| Address | FIRST NAME | | | DLE INITIAL | • | me | | | |
| | | | | | · | ployer | | | |
| - | | | | | · | cupation | | | |
| Cell Phone | | | | | · | EMERGENCY, C | | | |
| Email | | | | | | LINE NGENOT, O | | | |
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| | | | - | | • | | | | |
| ☐ Married | ☐ Widowe | | Single | ☐ Minor | | ber | | | |
| □ Separated | ☐ Divorce | ed 🗖 | Partnered | | Who may we | thank for referri | ng you? | | |
| | N WE HE | | | | | | | | |
| | | | | | | | | | |
| If you are alrea | dy experiencin | g a sympto | om, what is i | t? | | | | | |
| How bad is it? | How intense a | re your syr | mptoms? (cir | cle) 0 NO SYMPTOM | 10 2 3 | 4 5 | 6 7 | 8 9 | INTENSE SYMPTOMS |
| Please circle a | reas to the righ | t whore ve | u have nain | or other sympto | me. | ر ق ق | \$ \$ | | |
| i loude direle ui | reas to the right | t wriere yo | d flave pairi | or ourior cympto | / | | | ١ | |
| What does it fe | | · | · | or carior cympte | | | | | |
| | eel like? (check | · | · | or early sympte | | | | | |
| What does it fe | eel like? (check | where ap | · | | | | | | |
| What does it for Numbness | eel like? (check | where ap | · | | | | | | |
| What does it for □ Numbness □ Tingling | eel like? (check | where ap Sharp Shooting Burning | opropriate) | | | | | | |
| What does it for the Numbness I have Tingling Stiffness Dull | eel like? (check | where ap Sharp Shooting Burning Throbbing | opropriate) | | | | | | |
| What does it for a Numbness I Tingling Stiffness Dull Aching | eel like? (check | s where ap Sharp Shooting Burning Throbbing Stabbing | opropriate) | | | | | | |
| What does it for the Numbness I have represented in the Numbness in th | eel like? (check | Sharp Shooting Burning Throbbing Stabbing Swelling | opropriate) | | | | | | |
| What does it for a Numbness I Tingling Stiffness Dull Aching | eel like? (check | s where ap Sharp Shooting Burning Throbbing Stabbing | opropriate) | | | | | | |
| What does it fe Numbness Tingling Stiffness Dull Aching Cramping Nagging | eel like? (check | Sharp Shooting Burning Throbbing Stabbing Swelling Other | ppropriate) | | | | | | |
| What does it for Numbness I ringling Stiffness Dull Aching Cramping Nagging IMPACT | eel like? (check | Sharp Shooting Burning Throbbing Stabbing Swelling Other | ppropriate) | | nere appropriate) | | | | |
| What does it for Numbness I ringling Stiffness Dull Aching Cramping Nagging IMPACT | eel like? (check | Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYM on interfer | ing with you Moderat | r life? (check wh | | No | Mild | Moderate | |
| What does it for Numbness I have right in Numb | oF YOUI | Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYM on interfer Mild Effect | IPTOMS ring with you Moderat Effect | r life? (check wh e Severe Effect | nere appropriate) | No Effect | Mild | Moderate Effect | Effect |
| What does it for Numbness Tingling Stiffness Dull Aching Cramping Nagging IMPACT How is this syn | oF YOUI | Sharp Shooting Burning Throbbing Stabbing Swelling Other Continued and the stable and the stabbing Mild Effect In the stable and the stable | IPTOMS ring with you Moderat Effect | r life? (check whee Severe Effect | nere appropriate) Energy | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it for Numbness I Tingling Stiffness Dull Aching Cramping Nagging IMPACT How is this syn | eel like? (check | Sharp Shooting Burning Throbbing Stabbing Swelling Other On interfer Mild Effect | IPTOMS ring with you Moderat Effect | r life? (check whee Severe Effect | nere appropriate) Energy Attitude | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it for Numbness Tingling Stiffness Dull Aching Cramping Nagging IMPACT How is this syn Work Exercise Recreation | oF YOUI | Sharp Shooting Burning Throbbing Stabbing Swelling Other Continued and the stable and the stabbing Mild Effect In the stable and the stable | IPTOMS ring with you Moderat Effect | r life? (check whee Severe Effect | nere appropriate) Energy Attitude Patience | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it for Numbness I have right in Numb | oF YOU! | Sharp Shooting Burning Throbbing Stabbing Swelling Other On interfer Mild Effect | IPTOMS ring with you Moderat Effect | r life? (check whee Severe Effect | nere appropriate) Energy Attitude | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it fe Numbness Tingling Stiffness Dull Aching Cramping Nagging Work Exercise Recreation Relationships | oF YOUI nptom / conditi No Effect | Sharp Shooting Burning Throbbing Stabbing Swelling Other On interfer Mild Effect | IPTOMS ring with you Moderat Effect | r life? (check whee Severe Effect | ere appropriate) Energy Attitude Patience Productivity | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it fe Numbness Tingling Stiffness Dull Aching Cramping Nagging IMPACT How is this syn Work Exercise Recreation Relationships Sleep Self-Care | oF YOUI nptom / conditi No Effect | Sharp Shooting Burning Throbbing Stabbing Swelling Other Mild Effect | IPTOMS ring with you Moderat Effect □ □ □ □ | r life? (check whee Severe Effect | ere appropriate) Energy Attitude Patience Productivity Creativity Other | No Effect | Mild Effect | Moderate Effect | Effect |
| What does it fe Numbness Tingling Stiffness Dull Aching Cramping Nagging IMPACT How is this syn Work Exercise Recreation Relationships Sleep Self-Care | oF YOUI nptom / conditi No Effect | Sharp Shooting Burning Throbbing Stabbing Swelling Other Mild Effect | IPTOMS ring with you Moderat Effect □ □ □ □ | r life? (check whee Severe Effect | ere appropriate) Energy Attitude Patience Productivity Creativity | No Effect | Mild Effect | Moderate Effect | Effect |

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| | | | CO | MFORT | | | | | | |
| PRE | Disease Devel | oping — | → Z | ONE - | — Wellne | ss Develo | ping — | | H-LEVEL | |
| DEATH | (FALSE) | | | WELLNESS) | VELLNESS) | | | WELLNESS | | |
| 0 | 1 2 | 3 | 4 | 5 6 | 7 | 8 | 9 | 10 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DISEASE Multiple medications | POOR HE Sympto | | | EUTRAL symptoms | | OD HEALTH | | | MAL HEALTH % function | |
| Poor quality of life Potential becomes limited | Drug the | erapy | Nutritio | n inconsistent ise sporadic | G | ood nutrition ness education | | Continuo | us developmen participation | |
| Body has limited function | Losing norma | | | ot a high priority | | nerve interfe | | | ess lifestyle | |
| the arrow disaram above | | | | | | | | | | |
| n the arrow diagram abov | | | 10 | | | | | | | |
| A. What number do you th | - | | - | | | | | | | |
| 3. In what direction is you | ur health currently | / headed? _ | | | | | | | | |
| nat are your health goals? | | | | | | | | | | |
| IMMEDIATE | | | | | | | | | | |
| SHODT TEDM | | | | | | | | | | |
| SHUNT TENIN - | | | | | | | | | | |
| | | | | | | | | | | |
| LONG TERM — | | | | | | | | | | |
| LONG TERM — | | | | | | | | | | |
| CHILDREN & PR ow many children do you hildrens' ages? | REGNANC) have? | Y | | Are you o | currently pre | egnant? | □ No | | m due | |
| CHILDREN & PR ow many children do you hildrens' ages? | REGNANC) have? | Y | | Are you o | currently pre | egnant? | □ No | | | |
| CHILDREN & PR ow many children do you hildrens' ages? | REGNANC) have? | Y | | Are you o Number o Health co | currently pre of past prec oncerns reg | egnant? gnancies? . arding this | □ No pregnanc | cy? | | |
| CHILDREN & PR ow many children do you nildrens' ages? nildrens' health concerns? | REGNANC) have? ? | ORY | | Are you o Number o Health co Please che | currently preof past preof procerns reg | egnant? gnancies? _ arding this beside any | □ No pregnance conditio | n that you | have or have | |
| LONG TERM — CHILDREN & PR Ow many children do you nildrens' ages? nildrens' health concerns? | REGNANC) have? P ESS HIST(| ORY culation Issu | ues | Are you on Number of Health co | currently preoper oncerns reget the box aches / Mig | egnant? gnancies? _ arding this beside any | □ No pregnance conditio | n that you Ringing | have or have | |
| CHILDREN & PR Ow many children do you hildrens' ages? hildrens' health concerns? IEALTH & ILLNI AIDS/HIV Alcoholism | REGNANC) have? P ESS HIST(| ORY culation Issu | ues | Are you of Number of Health co | currently pre- of past pre- oncerns reg ock the box aches / Mig Disease | egnant? gnancies? _ arding this beside any | □ No pregnance conditio | n that you Ringing i | have or have in Ears | |
| LONG TERM — CHILDREN & PR Tow many children do you hildrens' ages? ———————————————————————————————————— | REGNANC) have? P ESS HIST(| ORY culation Issu ildhood Illnes | ues | Are you on Number of Health con Please che Head | currently preof past preof process regular concerns regular can be called the box aches / Mig Disease titis | egnant? gnancies? _ arding this beside any | □ No pregnance conditio | n that you Ringing i Scoliosis Shoulde | have or have in Ears | |
| CHILDREN & PR ow many children do you hildrens' ages? hildrens' health concerns? IEALTH & ILLNI AIDS/HIV Alcoholism Anxiety Arteriosclerosis | REGNANC) have? P ESS HIST(| ORY culation Issu ildhood Illnes pression abetes | ues | Are you on Number of Health co | currently preof past preoforcerns regently beck the box aches / Mig Disease titis assues | egnant? gnancies? _ arding this beside any | □ No pregnance conditio | n that you Ringing i Scoliosis Shoulder | have or have in Ears s r Issues | |
| CHILDREN & PR ow many children do you hildrens' ages? hildrens' health concerns? IEALTH & ILLNI AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis | REGNANC) have? Page 1. Circ | ORY culation Issued illness pression abetes gestive Issued | ues | Are you on Number of Health con Please che Head Heart Hepart Hip Is | currently pre- oncerns reg eck the box aches / Mig Disease titis ssues ne Issues | egnant? gnancies? . arding this beside any graines | □ No pregnance conditio | n that you Ringing i Scoliosis Shoulder Stroke TMJ Issu | have or have in Ears s r Issues | |
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| CHILDREN & PR ow many children do you hildrens' ages? hildrens' health concerns? IEALTH & ILLNI AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer | REGNANCY have? P ESS HIST(| Culation Issue ildhood Illnes pression abetes gestive Issue ow/Wrist/Hadocrine Issue ot/Ankle Issue ut | ues es ese/GERD/IBS) and Issues es (Thyroid) ues | Are you of Number of Health con Health con Head Heart Hepart Hip Is Immu | currently preson past pregoncerns regoncerns regoncerns regoncerns / Mig Disease titis sues ne Issues hatic Issues ple Sclerosis Pain | egnant? gnancies? arding this beside any graines | D No pregnance condition | n that you Ringing i Scoliosis Shoulder TMJ Issu Urinary I Osteopo | have or have in Ears ir Issues ues ssues rosis | |
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