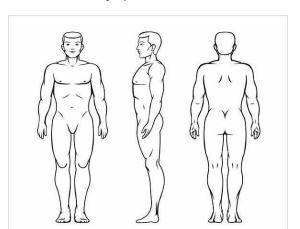
PRAIRIE CHIROPRACTIC REACTIVATION QUESTIONNAIRE

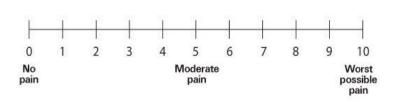
(PLEASE PRINT)

Date		DOB			
Full I egal Name				.lı	r./Sr.
Full <u>Legal</u> Name First	Middle	Last			., 01.
Cell Phone	Home Phone _		Preferred:	Home or	Cell
Email Address					
Current Prescription Medica	tions None				
Name of Prescription					
HISTORY OF PRESENTING	ILLNESS/INJURY:				
What are your symptoms?	List symptoms in order of importance.				
	1)	Work/ Auto-related?	□ No □Yes	; ;	
	2) Date symptom began How did it occur?	Work/ Auto-related?	' □ No □ Ye	es	
What makes condition better?					_
What makes condition worse?					
Have you seen another provid	er for your symptoms?				
Have you had any new trauma	as, surgeries, illnesses or medical diagnos	ses since your last visit?	No 🗌 Yes		
					<u> </u>
Are you pregnant?	☐ Yes				
Do you have new x-rays for th	ese issues? No Yes				

Place an "X" on symptomatic areas.



Rate each spot on the pain scale.



SOCIAL HEALTH HISTORY

OOJAL HEALTH HISTORY	
List Social Health History changes since last visit which includes occupation, activity ledietary/water/caffeine/alcohol/smoking status?	evel, recreational activities/hobbies,
FAMILY HEALTH HISTORY	
List health condition changes of family members since your last visit. No changes	
	-
2. Ears, Mouth, Nose, Throat (Hearing Loss, Sinus, etc.) 8. Genito-Urinary (Male/3. Cardiovascular (Heart, High B.P., High Cholesterol, etc.) 9. Musculoskeletal (Bre 4. Respiratory (Lungs, Breathing, Asthma, COPD, etc.) 10. Skin (Rashes, Skin Candal Neurological (Nerve Issues, Weakness, Numbness, etc.) 11. Psychiatric (Anxiety, E	d Reflux, Ulcers, Gallbladder, IBS, etc.) Female Reproduction, Kidneys Bladder, etc.) raks, Arthritis, Osteoporosis, Disc Injury, etc.) ancer, Dryness, Psoriasis, Eczema, Hair, etc.) Depression, Bipolar, ADD/ADHD, etc.)
My signature is an acknowledgement that all of the above statements are true to examine and treat my condition as she deems appropriate through the use these procedures to be performed.	
PATIENT SIGNATURE:	DATE:
GUARDIAN SIGNATURE:	DATE:
D.C. SIGNATURE:	DATE: