History of Chief Complaint

BELMONT chiropractic

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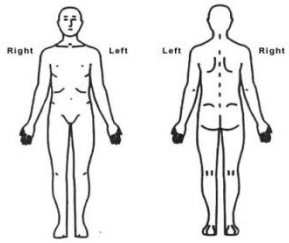
Patient Name (Last, First) Date (Month/Day/Year)

Description Of Your Chief Complaint			
Please describe your reason for today's visit:			
Question:		**Yes**	**No**
Have you experienced any traumas/accidents?		□	□
How/When did your symptoms first begin?		□	□
Do your symptoms interfere with work/daily life?		□	□
Have you experienced these symptoms in the past?		□	□
Have you seen any other physicians/therapists for these symptoms?		□	□
How intense are your symptoms today?	⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable		
How intense are your symptoms at the worst?	⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable		
How would you describe your symptoms? *(Please check all that apply)*	□ Dull/Achy	□ Stiff/Tight	
	□ Sore/Tender	□ Sharp/Stabbing	
	□ Burning	□ Tingling/Numb	
Please mark all regions where you are experiencing your symptom(s): 			

Please list any additional comments you wish the doctor to be aware of: _____

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_____ _____

Patient Signature Date

Erin Houseknecht, D.C. | Jason Stugart, D.C

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