General Health Update

General Health Updates				
Question:			**Yes**	**No**
Have you experienced any injuries/traumas/accidents?			□	□
If so, please provide a brief description:				
Have you experienced any recent health "scares"?			□	□
If so, please provide a brief description:				
Have you seen any other physicians/therapists for treatment?			□	□
Have you experienced these symptoms previously?			□	□
Are you experiencing any neurological symptoms?			□	□
If so, please check all that apply:	□ tingling	□ numbness	□ burning	□ weakness
Please describe your reason for today's visit:				
Please list any causes of your symptoms:				
When did your symptoms start/first begin?				
How would you describe your symptoms? *(Please check all that apply)*		□ Dull/Achy	□ Stiff/Tight	
		□ Sore/Tender	□ Sharp/Stabbing	
What makes your symptoms feel better?	What makes your symptoms feel worse?			
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			
Please list any additional information relevant to your visit:				

_____

Patient Name (Last, First)

_____ _____

Patient Signature Date

Erin Houseknecht, D.C. | Jason Stugart, D.C
Belmont Chiropractic, LLC
44115 Woodridge Pkwy, Ste 150
Leesburg, Virginia 20176
P: (571) 291-9359
Email: belmont.chiro.clinic@gmail.com
Website: www.belmontchiroclinic.com