

Back Pain Relief Chiropractic, P.C.

Dr. Thomas M. Andrews, DC, CCST, FIACA

1108 S. 13th Street, Artesia, NM 88210

Patient Information and Current Complaint Update Form

Name: _____

Any changes to your address, phone number, email, insurance, job change, etc.? _____

Please list any accidents, injuries, falls, traumas, surgeries, new diagnoses, etc., since your last visit:

YOUR CURRENT CHIEF COMPLAINT = "What are we seeing you for today?"

What is your **CHIEF / MAIN** health issue? (**ONE sheet Per Issue. Example: Neck Pain is one sheet, Low Back is another sheet, etc. Thank you for being thorough; it helps us help you. NOTE: If you have low back pain that goes into your mid back, hip or leg one sheet is OK. Same if you have neck pain that runs up into the back of your head or into your shoulder, etc. you can just use one sheet.**) _____

Is this a Flare Up of something we have seen you for before, or is it a New Condition? _____

How long has this been bothering you? _____

What caused this episode to occur? _____

Does the pain radiate to any other part of your body? (shoulder, mid back, arm, leg, hip, head, etc.) _____

On a scale of 1-10 how would you rate the intensity of your pain? (10 being worst) _____

Quality of Pain / Symptom: (circle any that apply): Sharp Stabbing Dull Ache Throbbing Numb Sore Stiff

Other: _____

When you are awake, how often is it present? 0-25% of time 26-50% 51-75% 75-100% Constant

Does anything give you relief? _____

Does anything aggravate it or make it worse? _____

Is it better during certain times of the day? _____

Since it began; has it been getting better, staying the same, or getting worse? _____

Weight Loss or Gain since your last visit? Yes No How much? _____ Are you Pregnant? Yes No

Have you been treated by any other doctor for this condition since we last saw you? _____

If yes, by whom? _____ How long ago?: _____

What was the Treatment? _____ Results? _____

Anything else we should know to help you get better as fast as possible? _____

_____ **Initial here** if true: "I have been doing great since my last visit here, until this flare up or new issue started."

If no, please explain here _____

Patient Signature: _____ **Date** _____

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ADDITIONAL CURRENT COMPLAINT/S = "What else is going on with you?"

Name: _____

What is the **Additional** issue? (**ONE sheet Per Issue. Example: Neck Pain is one sheet, Low Back is another sheet, etc. Thank you for being thorough; it helps us help you. NOTE: If you have low back pain that goes into your mid back, hip or leg one sheet is OK. Same if you have neck pain that runs up into the back of your head or into your shoulder, etc. you can just use one sheet.**) _____

Is this a Flare Up of something we have seen you for before, or is it a New Condition? _____

How long has this been bothering you? _____

What caused this episode to occur? _____

Does the pain radiate to any other part of your body? (arm, leg, hip, head, etc.) _____

On a scale of 1-10 how would you rate the intensity of your pain? (10 being worst) _____

Quality of Pain / Symptom: (circle any that apply): Sharp Stabbing Dull Ache Throbbing Numb Sore Stiff

Other: _____

When you are awake, how often is it present? 0-25% of time 26-50% 51-75% 75-100% Constant

Does anything give you relief? _____

Does anything aggravate it or make it worse? _____

Is it better during certain times of the day? _____

Since it began; has it been getting better, staying the same, or getting worse? _____

Have you been treated by any other doctor for this condition since we last saw you? _____

If yes, by whom? _____ How long ago?: _____

What was the Treatment? _____ Results? _____

Anything else we should know about this condition to help you get better as fast as possible? _____

Patient Signature: _____ **Date** _____