

PATIENT INFORMATION

1. First Name:

Last Name:

Age:

Date of Birth:

Gender:

Male Female

2. Street Address:

Apt/Unit #:

City:

State:

Zip:

3. Cell Phone:

Home Phone:

Work Phone:

Email:

What is your preferred method of communication?

Phone Text Email

4. Emergency Contact:

Relationship:

Phone:

5. Occupation?

For how long?

6. Are you Medicare eligible?

Yes No

7. Do you have a Health Savings Account (HSA) or Flexible Spending Account (FSA)?

Yes No

8. How did you hear about Wright Life Chiropractic?

9. (Patient or Legal Guardian Signature)

(Date)

PATIENT HISTORY

10. Name

Height

Weight

11. Have you had chiropractic care before?

Yes No

If yes, how recently?

12. Reason for today's visit:

Pain Discomfort Stiffness Maintenance Recent Injury Previous Injury Other

13. When did the complaint(s) begin?

Today, is the condition:

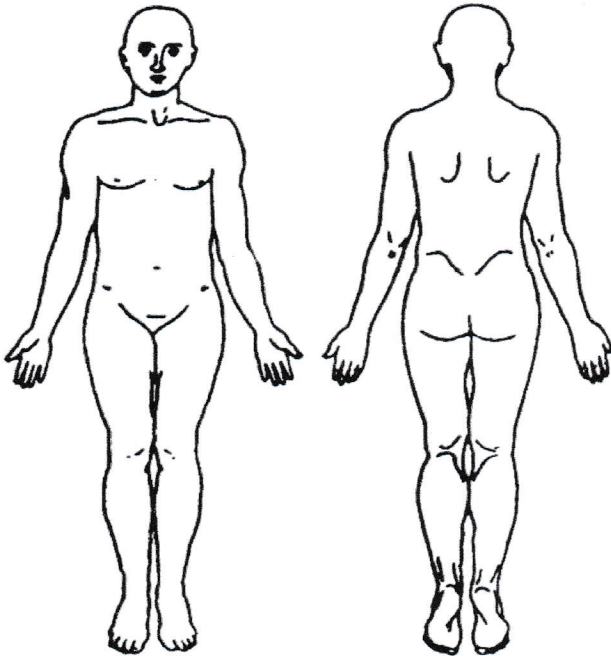
Same Better Worse

14. How did your complaint happen?

15. Explain what helps your condition:

Explain what worsens your condition:

16. On the body diagrams below, please indicate your areas of symptoms by drawing in the appropriate symbols. P - pain N - numbness T - tingling W - weakness R - radiating A - aching S - sharp



17. On a scale of 1 to 10, with 1 being none and 10 being the most severe, how would you rate your pain at its worst?

1 2 3 4 5 6 7 8 9 10

18. On a scale of 1 to 10, with 1 being none and 10 being the most severe, how would you rate your pain today?

1 2 3 4 5 6 7 8 9 10

19. How often do you feel this pain/discomfort?

Constant On and Off Occasionally

20. Have you experienced this/these complaint(s) before? If yes, when?

Yes No

21. Have you seen any other provider for this condition? If yes, who have you seen and when?

Yes No

22. Are you pregnant?

Yes No

If yes, how many weeks?

23. Are you currently experiencing any of the following:

Nausea or vomiting Rapid eye movement Numbness on one side of the face or body
 Fainting or lightheadedness Dizziness Difficulty walking Difficulty speaking
 Headache or neck pain Difficulty swallowing Double vision

(If yes to any, please describe)

24. Current prescriptions or over-the-counter medications?

25. PAST HISTORY: MUSCULOSKELETAL CONDITIONS (please check all that apply)

OTHER CONDITIONS:

Cancer Heart Disease
 Tumors Aids/HIV Stroke
 Diabetes Seizure Disorder
 Hepatitis
 High Blood Pressure
 Tuberculosis Pacemaker
 Hernia Allergies
 Other _____

Headaches/Migraines Neck Pain/Discomfort
 Shoulder Pain/Discomfort Elbow Pain/Discomfort
 Wrist Pain/Discomfort Upper Back Pain/Discomfort
 Middle Back Pain/Discomfort Low Back Pain/Discomfort
 Hip Pain/Discomfort Knee Pain/Discomfort
 Ankle Pain/Discomfort Sciatica Herniated Disc
 Fused/Fixated Joints Joint Replacement Arthritis
 Osteoporosis Osteopenia
 Inflammation/Swelling: where _____

26. Indicate if you have experienced any of the following.

Surgeries? Yes No Accidents/Broken Bones? Yes No Hospitalization? Yes No

(If yes to any, list and describe)

27. Family Health History: (check all that apply)

Cancer Tumors Stroke Seizures Diabetes High Blood Pressure Heart Disease

WORK, SOCIAL, HABITS

28. Current work habits - Choose all that apply.

- Permanently full disabled
 Permanently partially disabled
 Cannot work due to current condition
 Full-time (32-40+hours/week)
 Part-time (1-32 hours/week)
 Retired
 Student
 Homemaker
 Unemployed

29. Personal Social Habits

	Yes	No
Smoke or use tobacco products		
Drink alcohol		
Drink caffeine		
Use recreational drugs		
Other, to be discussed with doctor		

30. Present exercise habits

	Yes	No
No current exercise		
Exercise daily		
Exercise 3+ times per week		

31. CHIROPRACTIC ACTIVITY ASSESSMENT

DID YOU KNOW:	YES	NO
The absence of pain is not an indication of health?		
Pain has a cause and many times that cause begins in the spine?		
Over-the-counter pain medications and/or prescriptions may only mask the pain?		
Your daily activities can cause joint pain and dysfunctions in the spine and extremities?		
These joint dysfunctions can cause decreased joint motion and function in the body?		
Decreased joint motion can also affect your ability to enjoy a healthy and active lifestyle?		
The health benefits of routine chiropractic care may include any of the following: 1)Improved nerve communication 2) Improved joint motion 3) Improved joint coordination 4) Improved physical function 5) Improved physical performance 6) Improved posture 7) Increased daily activity 8) Provide pain and stress relief		

32. (Patient or Legal Guardian Signature)

(Date)