CHIROPRACTIC INTAKE & HISTORY

					Emandance: /	Cohool			
Patient Name		LAST	NAME			School			
	FIRST NAME		MIDDLE	INITIAL	_ Occupation	·			
Address						lame			
City			State	Zip	Spouse's E	mployer			
Home Phone					Spouse's O	occupation			
Cell Phone					IN CASE O	F EMERGENCY, CO	ONTACT		
Email					Name				
	☐ F Age		Birthday			p			
■ Married	☐ Widow		- · · · J · · ·	☐ Minor		mber			
□ Separated	☐ Divorc	ed 🗖	Partnered		Who may v Have you b	ve thank for referringen to a chiroprac	ng you? tor before?_		
HOW CA	N WE H	ELP YO	U?						
What brings yo	ou in today? _								
f you are alrea	ady experienci	ng a sympto	m, what is it?						
How bad is it?	How intense	are your sym	nptoms? (circle	e) ONO SYMPTON	1 2 3 MS) 4 5	6 7		MTENSE MPTOMS
Please circle a	reas to the rig	ht where you	u have pain or	other sympto	oms:				
	J	•	·	other sympto	oms:				
What does it f	eel like? (ched	ck where ap	·	other sympto	oms:				
What does it f	eel like? (ched	ck where ap	·	other sympto	oms:				
What does it for a Numbness Tingling	eel like? (ched	ck where ap Sharp Shooting	·	other sympto	oms:				
What does it for a Numbness Tingling Stiffness	eel like? (chec	ck where ap Sharp Shooting Burning	propriate)	other sympto	oms:				
What does it for a Numbness Tingling Stiffness	eel like? (chec	ck where ap Sharp Shooting	propriate)	other sympto	oms:				
What does it for the second of	eel like? (ched	ck where ap Sharp Shooting Burning	propriate)	other sympto	oms:				
What does it for the Numbness of Tingling of Stiffness of Dull of Aching	eel like? (chec	ck where ap Sharp Shooting Burning Throbbing	propriate)	other sympto	oms:				
What does it for the second sec	eel like? (chec	ck where ap I Sharp I Shooting I Burning I Throbbing I Stabbing I Swelling	propriate)		oms:				
What does it for Numbness Tingling Stiffness Dull Aching Cramping Nagging	eel like? (chec	ck where ap I Sharp I Shooting I Burning I Throbbing I Stabbing I Swelling I Other	propriate)		oms:				
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What does it for the second se	Geel like? (chec	ck where ap I Sharp I Shooting I Burning I Throbbing I Stabbing I Swelling I Other	propriate)				Mild	Moderate Effect	
What does it for the second state of the secon	OF YOU mptom / condi	ck where ap Sharp Shooting Burning Throbbing Stabbing Swelling Other R SYM Witton interferion Mild Effect	PTOMS ng with your li Moderate Effect	ife? (check wh Severe Effect □	here appropriate)	No Effect	Mild Effect	Moderate Effect □	Effec
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PDE				MFORT					
PRE- MATURE	Disease De	veloping -		ONE -	Wellne	ss Devel	oping —	→ HIGH	
DEATH			(FALSI	WELLNESS)				WEL	LNESS
0	1 2	3	4	5 6	7	8	9	10	
DISEASE Multiple medications		R HEALTH mptoms		IEUTRAL symptoms		OOD HEALTI gular exercis		OPTIMAL 100% f	
Poor quality of life Potential becomes limited	Dru	g therapy Surgery	Nutritio	on inconsistent cise sporadic	G	ood nutrition ness educati		Continuous of Active par	
Body has limited function	Losing n	ormal function		ot a high priority		nerve interfe		Wellness	
- H									
n the arrow diagram abo									
A. What number do you	think represent	ts your health	n today?						
B. In what direction is yo	ur health curre	ently headed?							
/hat are your health goals	?								
IMMEDIATE									
SHORT TERM .									
LONG TERM _									
LONG TERM =									
low many children do you	ı have?			•	• •	•		☐ Yes, I am (
low many children do you	ı have?			Number	of past pre	gnancies?		☐ Yes, I am o	
low many children do you childrens' ages? childrens' health concerns	ı have?			Number Health c	of past preg	gnancies? parding this	pregnand	· 	
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