

# CONFIDENTIAL PATIENT CASE HISTORY



Dear Patient:

Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. Thank you.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status: M S W D

Cell Number \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_ Email Address \_\_\_\_\_  
At&T, T-Mobile, Verizon, Etc...

Work Number \_\_\_\_\_ Work Address \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_ Spouse's Name \_\_\_\_\_

## HEALTH INFORMATION:

Have you had previous chiropractic care? Yes or No

What is your major complaint? \_\_\_\_\_

Other Complaints: \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_ Have you had this or similar conditions in the past? \_\_\_\_\_

What activities aggravate your condition? \_\_\_\_\_

Is this condition getting progressively worse? Yes No Constant Other Comes and goes

Is this condition interfering with your: Work Sleep Daily routine Other

How long has it been since you really felt good? \_\_\_\_\_

Other doctors who have treated this condition: \_\_\_\_\_

Are you wearing: Heel lifts Sole lifts Inner soles Arch supports

Have you been in an auto accident? Yes No If yes: Past year Past 5 years Over 5 years

Describe: \_\_\_\_\_

Have you had any other personal injury or accident? Past year Past 5 years Over 5 years None

Describe: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

\_\_\_\_\_