CHIROPRACTIC INTAKE & HISTORY

PATIENT	INFOR	MATION	l						
Patient Name					Emplove	r / School			
		LAST N	AME		, ,	ion			
Address	FIRST NAME		MIDDLE	INITIAL	•	s Name			
City			Ptoto		•				
,					•	s Employer			
Home Phone						s Occupation			
Cell Phone					IN CASE	OF EMERGENCY,	CONTACT		
Email					Name _				
Sex □ M □	⊒ F Age	=	Birthday		Relations	ship			
☐ Married	☐ Widow	/ed □ :	Single	Minor	Contact	Number			
☐ Separated	☐ Divord	ed 🔲	Partnered		Who ma	y we thank for refe	rring you?		
HOW CA	N WE H	ELP YO	U?						
What brings yo	u in today? _								
If you are alread	dy experienci	ng a symptor	m, what is it?						
How bad is it?	How intense	are your sym _l	ptoms? (circle	NO SYMPTOM	0 2	8 9 6	6 0	8 9	INTENSE SYMPTOMS
Please circle ar	eas to the rig	ht where you	have pain or	other sympto	ms:	عَ قَالَ	3 3		
What does it fo	eel like? (ched	k where app	propriate)			// //	// //		
☐ Numbness		Sharp						,	
☐ Tingling		Shooting				(d) Y (d)	6/4/9		
□ Stiffness		Burning				\ /	\		
☐ Dull		1 Throbbing) // () // (
☐ Aching		Stabbing				()()	()()		
☐ Cramping		Swelling				\()/	\()/		
□ Nagging		Other				717	717		
IMPACT	OF YOU	R SYM	PTOMS						
How is this syn	nptom / condi No Effect	tion interferin Mild Effect	ng with your lit Moderate Effect	fe? (check wh Severe Effect	ere appropriate)	No Effect	Mild Effect	Moderate Effect	e Severe Effect
Work					Energy				
Exercise					Attitude				
Recreation					Patience				
Relationships					Productivity				
Sleep					Creativity				
Self-Care					Other				
How committed	d are you to c	orrecting this	N	0 1 OT MITTED	2 3	4 6	9	8 9	VERY COMMITTED

		ILI	LNESS	- VV ELL	.IVES	s co	NTINU	UM			
				CO	MFO	RT					
PRE- MATURE	- Disea	se Devel	oping —	→ Z	ZONE	-	— Wellne	ss Devel	oping —	→ HIC	H-LEVEL
DEATH				(FALS	E WELLN	IESS)				W	ELLNESS
0	1	2	3	4	5	6	7	8	9	10	
DISEASE		POOR HE			NEUTRAL			OD HEALTI			IAL HEALTH
Multiple medications Poor quality of life		Sympto Drug the	erapy	Nutriti	o symptom ion inconsi	stent	G	gular exercis ood nutrition		Continuo	% function us development
Potential becomes limited Body has limited function	L	Surge osing norma.			rcise spora not a high p			ness educati nerve interfe			participation less lifestyle
the arrow diagram ab	ove:										
<mark>\.</mark> What number do yoւ	think rep	oresents yo	our health to	oday?							
3. In what direction is y	our healtl	h currently	headed? _								
nat are your health goa		,									
IMMEDIATE _											
SHORT TERM											
LONG TERM											
LONG TERM											
LONG TERM											
LONG TERM											
HILDREN 8 P	REGN	NANCY	/								
CHILDREN & P	REGNu have?	NANCY	/		. <i>F</i>	Are you c	eurrently pre	egnant?	□ No		m due
CHILDREN & P ow many children do you	REGN u have?	NANCY	(. <i>F</i>	Are you c	currently pre	egnant? gnancies?	□ No		
CHILDREN & P	REGN u have?	NANCY	(. <i>F</i>	Are you c	currently pre	egnant? gnancies?	□ No		
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