

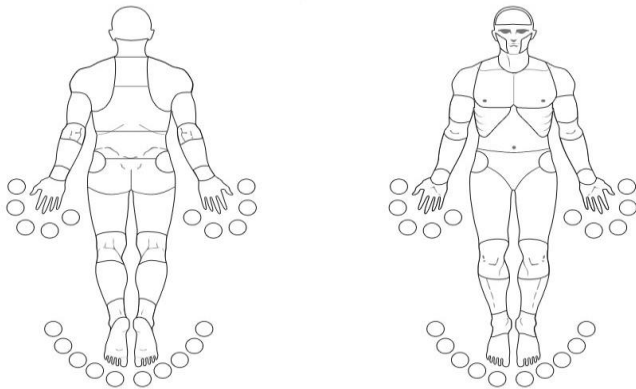
Chart#

Confidential Patient Case History

- New Patient
- Update/Reactivation

Last Name:		Birth date:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one)	
First Name:		Middle:		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	- S - M - Div - Sep - Widowed	
Email:						Age:	M F
Address:				City:		State:	
ZIP Code:		Social Security No.:		Home Phone:			
Occupation:		Employer:			Employer phone:		
How were you referred to our office?							
Describe the purpose of this visit:							
Is this visit related to <input type="checkbox"/> Job <input type="checkbox"/> Auto <input type="checkbox"/> Sports <input type="checkbox"/> Fall <input type="checkbox"/> Home Injury <input type="checkbox"/> Chronic Discomfort <input type="checkbox"/> Other:							

Please mark the area that bothers you on the picture and answer the questions below.



Are there any changes in the following areas associated with this condition?

- Breathing: No Yes _____
- Heart: No Yes _____
- Digestion: No Yes _____
- Urinary: No Yes _____
- Nervous System: No Yes _____
- Musculoskeletal: No Yes _____

Please describe in your own words your **primary** discomfort: _____

When did this start? _____ How did this start? _____

Is this condition interfering with your Work Sleep Daily Routine Other: _____

Please describe your **secondary** discomfort: _____

When did this start? _____ How did this start? _____

Is this condition interfering with your Work Sleep Daily Routine Other: _____

Please describe any other concerns: _____

When did this start? _____ How did this start? _____

People see chiropractors for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your Doctor will weigh your needs and desires when recommending your treatment program. Please check the type of care you desire so that we may be guided by your wishes whenever possible.

- Relief Care** – Symptomatic relief of pain and discomfort.
- Corrective Care** – Correcting and relieving the cause of the problem as well as other symptoms.
- Comprehensive Care** – Bring whatever is malfunctioning in the body to the highest state of health possible with chiropractic care.
- I want the Doctor to select the type of care appropriate for my condition

Signature: _____ Date: _____