

CONFIDENTIAL PATIENT CASE HISTORY



Name: _____ M / F

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Occupation: _____ Email: _____
DD / MMM / YYYY

Spouse's Name: _____ Referred By: _____

of children and their ages: _____

ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system, that have resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

LOSS OF WHOLE BODY HEALTH (BIRTH TO PRESENT)

From birth, certain stresses in your life start to produce layers of damage to your spine and nervous system. Eventually you may have begun to experience symptoms and random bouts of sickness.

Birth Process/ Growth Development

Was your delivery difficult? Yes No Forceps Cesarean Breech

Were you breastfed? Yes No

Childhood sickness? Please list _____

Ear Infections? Yes No Were you given antibiotics? Yes No

Were you yanked by the arm? Yes No Have you fallen down the stairs? Yes No

Yes	No	(age 5 to present)	Patient comment if answer is YES	Chiropractor's comments
<input type="radio"/>	<input type="radio"/>	Did you need an Emergency Room visit?	_____	_____
<input type="radio"/>	<input type="radio"/>	Did/do you smoke?	_____	_____
<input type="radio"/>	<input type="radio"/>	Did/do you drink alcohol?	_____	_____
<input type="radio"/>	<input type="radio"/>	Diet (do you eat healthy foods)?	_____	_____
<input type="radio"/>	<input type="radio"/>	Have you been in accidents?	_____	_____
<input type="radio"/>	<input type="radio"/>	Have you had surgery; organs removed/replaced?	_____	_____
<input type="radio"/>	<input type="radio"/>	Drugs? (prescriptive or non-prescriptive)	_____	_____
<input type="radio"/>	<input type="radio"/>	Teeth problems?	_____	_____

Yes No (age 5 to present)

Patient comment if answer is YES

Chiropractor's comments

<input type="radio"/> <input type="radio"/>	Eye problems?	_____	_____
<input type="radio"/> <input type="radio"/>	Hearing problems?	_____	_____
<input type="radio"/> <input type="radio"/>	Exercise regularly?	_____	_____
<input type="radio"/> <input type="radio"/>	Sleeping habits (nightmares?)	_____	_____
<input type="radio"/> <input type="radio"/>	Did/do you have occupational stress?	_____	_____
<input type="radio"/> <input type="radio"/>	Mental stress?	_____	_____
<input type="radio"/> <input type="radio"/>	Hobbies/sports injuries?	_____	_____
<input type="radio"/> <input type="radio"/>	Other traumas/problems?	_____	_____
Sleeping posture: <input type="radio"/> Side <input type="radio"/> Stomach <input type="radio"/> Back			

Have you had previous chiropractic care? _____ Where? _____ When? _____

Why? _____

Dr. _____ Were x-rays taken? _____ When? _____

What is your major complaint presently? _____

How long have you had this condition? _____ Have you had a similar condition in the past? _____

What activities aggravate your condition? _____ What relieves your condition? _____

Are you getting pain or numbness in your: Arms Hands Head Buttock Legs Calf Foot

Is your condition getting progressively worse? Yes No It's constant It comes and goes

Pains are: Sharp Dull Burning Tightness Throbbing

Is this condition interfering with your: Work Daily Routine Other

Other doctor(s) who treated this condition: _____

List all surgical operations and years: _____

Drugs you now take: Anti-inflammatory Pain Killers Muscle relaxers Blood Pressure

Tranquilizers Insulin Birth Control pills Other

Age of mattress: _____ Comfortable Uncomfortable

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

Have you been in an automobile accident? No Past year 2 to 5 years Over 5 years

Describe the accident: _____

Have you had any other personal injury or accident? No Past year 2 to 5 years Over 5 years

Describe the accident: _____

Date of last physical exam _____

Is there a possibility you may be pregnant? Yes No