Chiropractic Case History

Name_____Sex M F Date_____

Marital status: ____ Single ____Married____Divorced____Widowed Spouse Name_____

Address_____City_____State_____Zip_____

Phone (_____)_____W. Phone (____)_____ Date of Birth_____ Age_____

Referred by_____Social Security #_____

Occupation_____ Employer_____

Emergency contact and #_____ Primary care physician_____

Have you ever received Chiropractic Care? Yes No If yes, when/whom?_____

Chief Complaint: _____

Location of Complaint: _____

Complaint Began when and how? _____

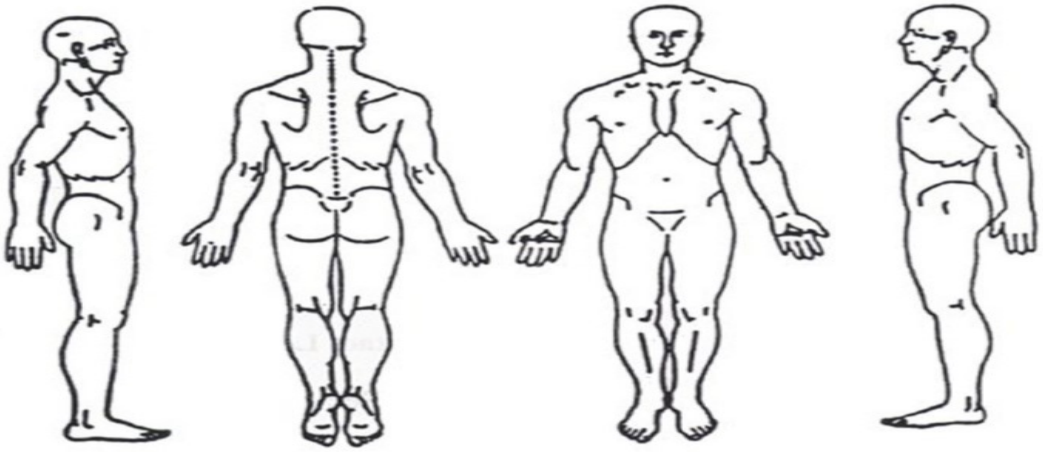
Grade Intensity/Severity (No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible pain/complaint imaginable)

How frequent is complaint present, how long does it last? _____

Does anything aggravate the complaint? _____

Does anything make the complaint better? _____

Please circle the Quality of the complaint/pain: dull/aching sharp shooting burning throbbing deep nagging other _____



//// Dull/Aching

^^^^ Sharp

**** Shooting

++++ Burning

0000 Throbbing

NNNN Numbness

SSSS Sensitive

Previous interventions, treatments, medications, surgery, or care you've sought for your complaint: _____

_____

_____

_____

_____

_____

Past Health History:

A. Previous illnesses you've had in your life: _____

_____

B. Previous injuries or traumas:_____

_____

Have you ever broken any bones? Which? _____

C. Allergies _____

D. Medications &/or vitamins/herbs:
Medication or type (blood pressure, cholesterol, anxiety, etc)

_____

_____

_____

E. Surgeries:
Date Type of Surgery
_____ _____

_____ _____

_____ _____

F. Females/ Pregnancies and outcomes:
Pregnancies/Date of Delivery
_____ _____

_____ _____

Family Health History:
Associated health problems of immediate family_____

_____

Social and Occupational History:

A. Level of Education:

O high school O some college O college graduate O post graduate studies

B. Level of exercise: _____

C. Caffeine, Alcohol, tobacco or drug use:_____

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize Harshman Chiropractic Clinic to provide me with chiropractic care, in accordance with this state's statutes.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____
(for minors)