CHIROPRACTIC INTAKE & HISTORY



Patient Name					Employer	/ School			
		LAS	T NAME			on			
Address	FIRST NAME		MIDDLE II			Name			
			StateZi	<u> </u>					
-						Employer			
						Occupation			
Cell Phone						OF EMERGENCY,			
Email					Name				
Sex □ M [□ F Age		Birthday		Relationsh	nip			
☐ Married	☐ Widow	red □	☐ Single ☐	Minor	Contact No	umber			
Separated	☐ Divorc	ed [☐ Partnered		Who may	we thank for refer	ring you?		
HOW CAI		LP Y	OU?						
you are alread	dy experiencin	g a sympto	om, what is it?						
iow bad is it: i	iow interioe a	ic your syr	mptoms? (circle)	SYMPTOM		(= =	$\langle \cdot \rangle$		TENSE MPTOMS
Please circle ar	eas to the righ	nt where yo	ou have pain or c	tner symptom	IS:)=(
Please circle ar	_	-	ou have pain or c		IS:				
	es it feel like?	-	here appropriate		s:				
What do	es it feel like?	? (check w	here appropriate		s:				
What do	es it feel like? ness	? (check wl	here appropriate arp ooting		s:				
What do	es it feel like? ness	? (check wl	here appropriate arp ooting		s:				
What do	es it feel like? ness ng ess	? (check wl	here appropriate arp ooting rning robbing		s:				
What do	es it feel like? ness ng ess	C(check wl	here appropriate arp ooting rning robbing abbing		s:				
What do	es it feel like? ness ng ess g	C (check will show the character) C (check will show the character) C Show the character is characteristic.	here appropriate arp ooting rning robbing abbing velling		s:				
What do	es it feel like? ness ng ess g	Check will Share Share Share Share That	here appropriate arp ooting rning robbing abbing velling		s:				
What doo	es it feel like? ness ng ess g ping	C (check will shape of the character) C (check will shape of the chara	here appropriate arp ooting rning robbing abbing velling her		s:				
What doo Numb Numb Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing ng	C (check will shape of the character) C (check will shape of the chara	here appropriate arp ooting rning robbing abbing welling her	e)					
What doo Numb Numb Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing ng	C (check will shape of the character) C (check will shape of the chara	here appropriate arp ooting rning robbing abbing velling her	e)		No	Mild	Moderate Effect	
What doo Numb Numb Stiffne Stiffne Aching Naggi	es it feel like? ness ng ess g bing ng OF YOU! nptom / conditi No Effect	C (check will show the content of the check will show the check wi	here appropriate arp ooting rning robbing abbing velling her	? (check where Severe Effect	e appropriate) Energy	Effect □	Mild Effect	Effect □	Effe □
What dod Numb Tinglir Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing ng OF YOU! nptom / conditi No Effect	R (check will she wil	here appropriate arp ooting rning robbing abbing velling her PTOMS ing with your life Moderate Effect	? (check where Severe Effect	e appropriate) Energy Attitude	Effect	Mild Effect	Effect	Effe
What dod Numb Numb Stiffne Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing nptom / conditi No Effect	C (check will show the control of the check will show the check wi	here appropriate arp ooting rning robbing abbing velling her PTOMS ing with your life' Moderate Effect	? (check where Severe Effect	e appropriate) Energy Attitude Patience	Effect	Mild Effect	Effect	Effe
What dod Numb Numb Stiffne Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing ng OF YOU! ptom / conditi No Effect	R SYM Cicheck with the strength of the streng	here appropriate arp ooting rning robbing abbing velling her PTOMS ing with your life Moderate Effect	? (check where Severe Effect	e appropriate) Energy Attitude Patience Productivity	Effect	Mild Effect	Effect	Effe
What doo Numb Numb Stiffne Dull Aching Naggi	es it feel like? ness ng ess g bing nptom / conditi No Effect	C (check will show the control of the check will show the check wi	here appropriate arp ooting rning robbing abbing velling her PTOMS ing with your life' Moderate Effect	? (check where Severe Effect	e appropriate) Energy Attitude Patience	Effect	Mild Effect	Effect	

		ILLN	1ESS-/	WELLN	IESS (CON	TINUL	JM			
				CO	MFOR	Т			Tim		
PRE- MATURE	Disease	Develo	ping —	→ Z	ONE	-	– Wellne	ss Devel	oping —	→ HIGH	
DEATH				(FALSE	E WELLNE	SS)				WE	LLNESS
0	1	2	3	4	5	6	7	8	9	10	
DISEASE		POOR HEA	ALTH	1	NEUTRAL		G	OOD HEALT	ГН	OPTIMA	L HEALTH
Multiple medications Poor quality of life		Sympto Drugthe	rapy	Nutritio	symptoms on inconsist		G	gular exerci	n	Continuous	function development
Potential becomes limited Body has limited function	Los	Surge sing norma			cise sporad not a high pr			Iness educat nerve interf			articipation s lifestyle
n the arrow diagram abov											
A. What number do you t											
B. In what direction is y		hcurren	ıtly heade	d?							
/hat areyour health g											
IMMEDIATE											
SHORT TERM											
LONGTERM _											
CHILDREN & P	REGN	ANCY	(
w many children do you ha ildrens' ages?	ive?							□ No		I am due	
	ive?				Number of	past pre	egnancies?				
w many children do you ha ildrens' ages? ildrens' health concerns? _	we?				Number of Health con	past pre	egnancies?	s pregnanc	cy?		
w many children do you ha ildrens' ages? ildrens' health concerns? _	we?	нізтс	DRY		Number of Health con	past pre	egnancies? egarding thi	s pregnance	cy?		
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV	we?	HISTC	DRY culation Issu	ues	Number of Health con	past predicerns re	egarding thi	s pregnance	cy?	n that you ha	ve or have ha
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism	we?	HISTC Circ Chil	ORY culation Issu	ues	Number of Health con	past process received as e check	egnancies? egarding thi ck the box aches / Mig Disease	s pregnance	by?	n that you hav	ve or have ha Ears
w many children do you ha ildrens' ages?ildrens' health concerns? HEALTH & ILLN AIDS/HIV Alcoholism Anxiety	we?	HISTC Circ Chil	ORY culation Issu	ues	Number of Health con	past producerns rease check	egarding thinch the box arches / Mig Disease itis	s pregnance	by?	n that you hav Ringing in Scoliosis Shoulder Is	ve or have ha Ears
w many children do you ha ildrens' ages? ildrens' health concerns? HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis	we?	HISTC Circ Chil Dep	DRY sulation Issued Idhood Illne pression betes	ues	Number of Health con	past processors received asse check the description of the description	egarding thi ck the box aches / Mig Disease itis sues	s pregnance	by?	n that you hav Ringing in Scoliosis Shoulder Is	ve or have ha Ears ssues
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis	we?	HISTC Circ Chill Dep Diat	DRY culation Issued Illne pression betes estive Issue	ues	Number of Health con	ase chece Heada Heart Hepati Hip Iss	egnancies? egarding thi ck the box aches / Mig Disease itis sues ne Issues	s pregnance beside an	cy?	n that you have Ringing in Scoliosis Shoulder Is Stroke	ve or have ha Ears ssues
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies	we?	HISTC Circ Chill Dep Diat Dige (Con	DRY culation Issued Illne pression betes estive Issue stipation/Diar	ues	Number of Health con	past processor receives received as e check and a Heada Heart Hepati Hip Iss	egarding thing ck the box aches / Mig Disease ititis sues he Issues hatic Issues	s pregnance beside an araines	cy?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue	ve or have ha Ears ssues s
w many children do you ha ildrens' ages?	we?	HISTC Circ Chill Dep Diat Dige (Con	DRY culation Issuidhood Illne pression betes estive Issue astipation/Diar ow/Wrist/H:	ues ess es rrhea/GERD/IBS	Plea	past processors received asse check the dead and the past and the past are the past and the past	egarding thi ck the box aches / Mig Disease itis sues ne Issues natic Issues le Sclerosis	s pregnance beside an araines	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue Urinary Iss	ve or have ha Ears ssues s ues
w many children do you ha ildrens' ages?	we?	HISTC Circ Chill Dep Diat Circ Elbo	DRY culation Issuidhood Illne pression betes estive Issue astipation/Diar ow/Wrist/H:	ues ess rrhea/GERD/IBS land Issues ues (Thyroid)	Plea S)	ase chece described as the second described as the sec	egarding thing the control of the co	beside an	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue	ve or have ha Ears ssues s ues
w many children do you ha ildrens' ages?ildrens' health concerns? HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain	we?	HISTC Circ Chill Dep Diat Circ Elbo	DRY sulation Issued Incompletes estive Issued Institution Incompletes estive Issued I	ues ess rrhea/GERD/IBS land Issues ues (Thyroid)	Plea S)	ase chece described as the second described as the sec	egarding thi ck the box aches / Mig Disease itis sues ne Issues natic Issues le Sclerosis	beside an	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue Urinary Iss	ve or have ha Ears ssues s ues
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer	IESS F	HISTC Circ Chill Dep Diat Con Elbo	DRY culation Issued to the coression obetes estive Issued to the core issued to the core is to the core is the co	ues ess errhea/GERD/IBS land Issues ues (Thyroid) ues	Plea	ase chece de la Heada de la He	egarding thing the control of the co	beside an	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue Urinary Iss	ve or have ha Ears ssues s ues
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer	IESS F	HISTC Circ Chill Dep Diat Con Elbo	DRY culation Issued to the coression obetes estive Issued to the core issued to the core is to the core is the co	ues ess errhea/GERD/IBS land Issues ues (Thyroid) ues	Plea	ase chece de la Heada de la He	egarding thing the control of the co	beside an	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue Urinary Iss	ve or have ha Ears ssues s ues
w many children do you ha ildrens' ages? ildrens' health concerns? _ HEALTH & ILLN AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues	IESS F	HISTC Circ Chill Dep Diat Con Elbo	DRY culation Issued Independent of the section of	ues ess errhea/GERD/IBS land Issues ues (Thyroid) ues	Plea Plea WENTS	ase chece de la Heada de la He	egarding thing the control of the co	beside an raines	by?	n that you have Ringing in Scoliosis Shoulder Is Stroke TMJ Issue Urinary Iss Osteoporo Other	ve or have ha Ears ssues s ues