



Patient #

CONFIDENTIAL CHIROPRACTIC CASE HISTORY

Date _____

First Name _____ M.I. _____ Last Name _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth _____ Age _____

Gender M F Marital Status: M S S/O Spouse-S/O Name _____

Home Phone (_____) _____ Work Phone(_____) _____ Cell Phone (_____) _____

Email _____

How did you hear about us / Referred by _____

Occupation _____ Employer _____

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

1. Primary reasons for seeking chiropractic care: _____

2. Chief Complaint: _____

Complaint began when and how? _____

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

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

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

Past Health History:

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

B. Recent injury or trauma: _____

Have you ever broken any bones? Which? _____

C. Allergies: _____

D. Medications: _____

E. Surgeries: Date _____ Type of Surgery _____

F. Recent X-Rays: Date _____

G. Females/ Pregnancies and outcomes: _____

Currently Pregnant: Y N Currently Nursing: Y N Date of your last menstrual period? _____

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

Patient's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____