

PATIENT CASE HISTORY

Patient # _____ Date: _____

Name: (Mr. Mrs. Ms. Miss. Dr.) _____
Last, First, MI

Address: _____ City _____ State _____ Zip _____

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

Email Address: _____

Marital Status _____ Spouse's name _____

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

Occupation: _____ Employer: _____

Hobbies/Recreational Activities: _____

Who (or what source) referred you to our clinic? _____

Do you now or have you ever smoked? Yes No

Race _____ Ethnicity: Hispanic or Latino Non-Hispanic or Latino (circle one) Prefer not to answer _____

Have you had previous chiropractic care? Yes No Doctor's Name(s) _____

Major Complaint: _____ Pain level: 0 1 2 3 4 5 6 7 8 9 10

Began when & how? _____

Other complaints: _____

Is your condition: getting better getting worse

Does your condition occur: on & off or constantly (circle one)

Have you seen anyone else for this condition? _____

Please circle correct answer below, if you circle yes, please explains.

Have you ever been:

diagnosed with any eye or sight conditions? Y N

Describe: _____

diagnosed with any ear or hearing conditions? Y N

Describe: _____

diagnosed with any organ or gland condition? Y N

Describe: _____

diagnosed with any tooth or dental conditions? Y N

Describe: _____

diagnosed with a nervous condition? Y N

Describe: _____

Depression? Y N

Describe: _____

Do you now, or have you ever suffered with:

Skin conditions? Y N

Describe: _____

Allergies? Y N

Describe: _____

Arthritis or joint pain(s) Y N

Describe: _____

What childhood diseases have you had? Describe: _____

Have you had any surgery? Yes No If yes, describe _____

Have you ever been involved in an accident, taken a fall or had a sports injury? Yes No

If yes, describe _____

Please list any family member(s) with a health condition and describe condition: _____

List all prescription drugs you are taking, oral, injected or topical: _____

List all over-the-counter drugs you are taking or using: _____

Names of other doctors you see: _____

Patient Signature

Date