

WELCOME TO DURHAM CHIROPRACTIC

Confidential Health Information

Today's date: _____

1 Patient Info

Patient Name _____
Address _____

Sex: M F Age _____ Birthdate _____
 Single Married Widowed Separated Divorced
Occupation _____

Employer _____

SS# _____

Family Doctor _____

Previous Chiropractic Care? Dr. _____

Whom may we thank for referring you? _____

Do you have insurance? Secondary insurance? Y N

Insured's name _____

Their Birthdate _____

Please present insurance card/s to receptionist

2 Phone Numbers

Home _____ Work _____ Ext _____

Best time and place to reach you _____

In case of emergency contact:

Name _____ Relationship _____

Home _____ Work _____ Ext _____

3 Accident

Is condition due to accident? No Yes: Date _____

Occurred: Home Work Auto School Other

If applicable: Attorney • Work Comp • Insurance Agent

Contact Person _____

Phone _____

4 Patient Condition

Reason for Visit _____

Please mark on the bodies to the right your areas of pain, numbness, tingling, etc.

When did your symptoms start? _____

How did you symptoms start? _____

Have you had a similar condition before? No Yes When? _____

How is condition changing? Worse Better No change

Rate the severity of pain on a scale from 0 (no pain) to 10 (severe pain) _____

How often do you have symptoms? Constant (75-100% of time)

Frequent (50-75% of time)

Intermittent (25-50% of time)

Occasional (<25% of time)

Describe the complaint Dull Ache Throbbing Sharp Shooting Cramps

Stiffness Burning Tingling Numbness Swelling Other

Any pain, numbness, tingling or weakness radiating into the arms or legs?

What makes the symptoms worse? _____

What makes the symptoms better? _____

Activities that are painful to perform Sitting Standing Walking Bending Lying Down

Does it interfere with Normal Daily Routine Work Sleep Recreation

Other Doctors seen for this condition _____

What treatments have you used for this condition? None Ice Heat

Physical Therapy Chiropractic Surgery Medications _____

Tell us the activities you would most like to do, but can't because of your symptoms _____

