

If you need assistance completing this paperwork, just ask. It is our pleasure to help you. We want your visit with us to be comfortable, helpful, and educational.

confidential health information

1 MEMBER CONTACT		member id #: (office use only)	date
last name		first name	title (Mr., Mrs., Dr. Rev, ect.)
preferred name to be called		who referred you to our office?	
street address			
city		state	zip
home phone		mobile phone	
work phone		e-mail	

2 MEMBER PERSONAL		date of birth		number of children	male/female	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> partnered	<input type="checkbox"/> widowed	<input type="checkbox"/> separated	<input type="checkbox"/> divorced
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3 EMERGENCY CONTACT		name		home phone
relationship		work phone		

4 MEMBER EMPLOYMENT		employer name		occupation
street		city	state	zip

Today we will conduct a thorough history, consultation, and preliminary screening. If we believe we can help you, we may recommend other diagnostic testing necessary to evaluate your condition. If we believe that you will not respond to our care, we will not accept your case and may refer you to another provider.

<p>I understand and agree to the following:</p> <ul style="list-style-type: none"> • A history, consultation, examination, and x-rays are conducted for diagnostic and informational purposes. I am requesting these services. • My case may not be accepted for care at this office. • If the doctors believe that I may respond to their care, additional service may be recommended and I will be advised of applicable cost. 	<p>X</p> <p>member or guardian signature</p> <p>date</p>
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5 MEMBER HISTORY		height	weight
how much weight have you lost in the past year?		how much weight have you gained in the past year?	

6 PREGNANCY (WOMEN ONLY)		<p><i>X-Rays are contraindicated during pregnancy. This clinic does not knowingly x-ray women who are or may be pregnant regardless of stage or trimester of pregnancy. If there is a chance that you may be pregnant let the doctor or assistant know right now.</i></p>	
Are you pregnant?	<input type="checkbox"/> yes	<input type="checkbox"/> no	On what date did your last period begin?
Tubal ligation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>X</p> <p>member or guardian signature</p> <p>date</p>
Hysterectomy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

7 NECK

AREAS OF COMPLAINT: place an X in the boxes that apply

Have you experienced any problems like these recently or in the past?

- headaches ear infections sinus problems
 ringing in the ears dizziness vision difficulties
 allergies chronic coughing memory loss

The nerves in your neck control things like eyes, ears, nose, throat, and brain function. If there is a problem (subluxation) in your neck it is common to experience things like these and we may be able to help you.

Are you experiencing symptoms like these lately?

- neck pain ear infections sinus problems
 ringing in the ears dizziness vision problems

A subluxation can also affect all the muscles around your neck, across your shoulders, and down your arms to the tips of your fingers. So, if you have a subluxation in your neck it is common to experience symptoms like these and we can help you.

8 LOW BACK

Have you experienced any problems like these recently or in the past?

- constipation diarrhea gas/bloating
 urinary control problems urinary tract infections
 bladder stones kidney stones

Female: painful PMS symptoms ectopic pregnancies
 problems with menopause

Male: difficult urination (prostate) sexual dysfunction

This area controls your bowel, bladder, and reproductive system. If there is a subluxation in this area it is common to experience things like these.

Are you experiencing symptoms like these lately?

- low back pain deep pain in your buttocks/thighs
 burning sensations down your legs
 pain or tingling from your legs down to your toes
 cramping or twitching of your muscles
 circulation problems in your feet

As you can tell subluxation can also affect the nerves in this area and leads to more serious problems like tingling, numbness in muscles, muscle spasm, pain and even muscle weakness / paralysis. So, if you have a subluxation in this area we will discuss your treatment options and help you.

9 MID BACK

Have you experienced any problems like these recently or in the past?

- heart arrhythmia heart palpitations heart attacks
 difficulty breathing asthma bronchitis
 pneumonia indigestion reflux ulcers
 hyperglycemia hypoglycemia get sick easily
 high blood pressure low blood pressure

Your brain and spinal cord controls things like the heart, lungs, stomach, liver, kidneys and gland function. If there is a subluxation in your spine it can impair your body's ability to function properly.

Are you experiencing symptoms like these lately?

- mid back pain pain in the ribs
 burning sensations along a rib
 pain with deep breathing
 stabbing pain between shoulder blades

10 INJURIES

List any auto collisions, falls, impacts or sports injuries you may have experienced.

type of collision / injury / surgery	type of treatment received	date of injury
1.		
2.		
3.		

11 MEDICATIONS

List any prescription or over-the-counter medications you are currently taking.

medications	reason	medication	reason
1.		3.	
2.		4.	

12 HEALTH HISTORY

Mark the conditions as they pertain to you and your immediate family.

n = never p = previous c = current

YOU		FAMILY MEMBERS				
n	p	c	n	p	c	
			mother	father	brother	sister
			mother	father	brother	sister
			mother	father	brother	sister
			mother	father	brother	sister
			mother	father	brother	sister

I understand and agree to the following:

- A history, consultation, examination, and x-rays are conducted for diagnostic and informational purposes. I am requesting these services.
- It is my responsibility to complete this office's forms accurately.
- It is my responsibility to notify the doctor if any of my information requires updating.
- All original information including X-rays are the office's property and copies of my file may be released to me for a nominal fee.

