CONFIDENTIAL HEALTH INFORMATION 題

CONFIDENTIAL **HEALTH INFORMATION**

Please allow our staff to photocopy your driver's license and insurance details. All information you supply is confidential. We comply with all federal privacy standards. Please print clearly.

Today's Date (MM/DD/YYY	Y)		consulted a chiropractor befo	re?	
Whom may we thank for r	referring you?	O No O	Yes When?	If so, w	vhom?
				Gender ○ Male ○ Female	
Your Last Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_ Olyale O Pernale _	our Social Security Number
Your First Name		Your Middle Name	(or Initial)	Birth Date (MM/DD/	YYYY)
				Marital Status	
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		(O Work O	Auto Other	_	Fig. 12		200	k**	01.		
		OAW	orsening long-	term problem								
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Onset (When did you fire our current symptoms?)	st notice	current symp	y (How extrem ptoms?) Uncomfortable)- ()-() -()10	(Duration and Tine Constant				often do you feel i	t?)	
. Quality of symptoms (feel like?)	(What doe	es 7. Location Circle the ar	(Where does rea(s) on the ille	it hurt?) ustration.	8	3. Radiation (Does ain radiate, shoot or	it affe	ect other areas of yo	ur body?	To what areas do	pes the	
Tingling Stiffness Dull		A for conditi	ions experienced	in the past	g	Aggravating or r me of day, movemen What tends to w	ts, ce	rtain activities, etc.)		better or worse,		
○ Aching ○ Cramps	11	M.M	ادر ا	Jest worthy		the problem? What tends to le						
○ Nagging		1/54/	11	1/1/47		the problem?	:35EI)					
○ Sharp	G A	3 (1	1	10. Prior intervent	ions	(What have you do	ne to relie	eve the symptom	s?)	
Burning		\\		halled		O Prescription me				Ice		
Shooting		(11/1)		())		Over-the-counter	er drug	gs O Acupunctu	re O	Heat		
) Throbbing		1,0,1		111/		O Homeopathic re	media	es O Chiropract	iic	Other		
Stabbing		(V)				O Physical therap	y	○ Massage	· ·	The same has		
Other		44		4000								Consultation Notes -
2. How does your curre Work or career:												
Recreational activit	ies:								<u> </u>	AND THE RESERVE		
Household responsib	oilities:									***************************************		
Personal relationsh	nips:			- Various die								
3. Review of Systems hiropractic care focuses or lad or currently Have and	the integinitial to t	rity of your nerv he right.	yous system, w	hich controls and	l re	gulates your entire bo	ody. P	lease darken the cir	cle besid	le any condition t	hat you've	
a. Musculoskeletal Had Have	Had Hav		Had Have			Have Neck pain	Had	Have O Back problems	Had Ha	ve) Hip disordere	NONE (
	0 0	Arthritis	O O Sco					U-1	~ ~			2
O Osteoporosis	() ()	Foot/ankle pain	O O Sho	ulder problems (\mathbf{C}	C Elbow/wrist pair	10	TMJ issues		Poor posture	Initials	
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Mad Have Anxiety C. Cardlovascular Had Have Had Have Anxiety C. Cardlovascular Had Have High blood pressure d. Respiratory	Had Hav	e Depression e Low blood pressure	Had Have	dache (ad I	Have Dizziness Have	Had Had	Have OPins and needles	Had	Poor posture ve) Kumbness ve bruising ve	NONE O Initials —— NONE O Initials	
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Made injuries b. Neurological Had Have Anxiety c. Cardiovascular Had Have High blood pressure d. Respiratory Had Have Ashma e. Digestive Had Have Anorexia/bulimia f. Sensory Had Have Blurred vision	Had Hav	e Depression e Low blood pressure e Apnea e Ulcer e Ringing in ears	Had Have	dache Hai cholesterol Haysema d sensitivities ring loss Ha	ad I	Have O Dizziness Have Poor circulation Have Hay fever Have Heartburn Have Chronic ear infection	Had O Had O Had O Had	Have O Shortness of breath Have O Constipation Have O Loss of smell	Had Ha	Poor posture ve Excessive bruising ve Pneumonia ve Diarrhea ve Coss of taste	NONE O Initials — NONE O	Doctor's Initials

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Personal, Family	y and Social Hist	ory	accidents, injuries, illnesses	and transments	Please complete						Illiuais	
14. Illnesses	nealtr history, indu	uing a	accidents, injuries, ilinesses		Operations	Caci Scolloit I		Treatm	ents		s-137	
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Hobbies:

w does this condition currently inter-	No Effect	Mild Effect	Moderate Effect	Severe Effect	Grocery shopping —	No Effect	Mild Effect	Moderate Effect	Severe Effect	Patient name
Rising out of chair —	o_				Household chores —		_0_			
Standing —	_				Lifting objects				$\frac{1}{2}$	
Walking —	•	_\		-	Reaching overhead —				-	
Lying down	_	_<			Showering or bathing —				$ \sim$	
Bending over —————		<u></u>			Dressing myself —	0				
Climbing stairs —	•				Love life —	~				
Using a computer —	•	0			Getting to sleep —	2000		<u> </u>	<u> </u>	
Getting in/out of car					Staying asleep—			0	_o	, S. C. W. W.
Driving a car —————————————————————————————————	_				Concentrating —	_		<u> </u>	_o	
Looking over shoulder —	a wind of the late of	0			Exercising —		_	<u> </u>	<u></u>	
Caring for family —————	_	_	•	—C	Yard work —	_		^_	_ 	
					25. What is your preferred			?		
Describe your typical eating	habits: 🔘	Skip break	fast OTw	o meals a da	y	between	meals			en trans
What would be the most six	mificant this	ng that wa	ال مميناط طء	to improve	a your hoalth?					
What would be the most sig	jiiiicant thir	ig that yo	u coula do	to improve	e your nealth r	- 3-7 P	france .		116	pri e a giral
In addition to the main reas	on for your	violt toda		ditional ha	alth mode do you have?					6
in addition to the main reas	on for your	Visit toud	ly, what au							
				uldollar lic	and goals do you have r	Design				Note
				andonar ne	alui goals do you have f	\$20.4				tation Note:
nowledgements t dear expectations, improve comn	nunications ar	nd help you			e shortest amount of time, please read each			your agreer	nent.	Consultation Notes
l instruct the chir restoration of my available evidence.	ropractor to y health. I a ce and des	deliver also unde igned to	get the best the care t erstand th reduce of	results in the that, in his at the chin r correct v		can bectice is	t and initial st help r based o	ne in the n the best	nent.	Consultation Note:
I instruct the chir restoration of my available eviden healing art from I may request a c	ropractor to y health. I a ce and des medicine a copy of the	deliver also unde igned to and does Privacy	get the best the care t erstand th reduce of not proci	results in the that, in his at the chii r correct v laim to cui d understa	e shortest amount of time, please read each s or her professional judgement, ropractic care offered in this pra ertebral subluxation. Chiropract	can be ctice is ic is a s	t and initial st help r based o eparate informa	ne in the n the best and disti	nent.	Consultation Note:
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