

CASE HISTORY

NAME (last) _____ (first) _____ (m.i.) _____ AGE _____ BIRTHDATE _____ TODAY'S DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____

SEX _____ MARRIED _____ SINGLE _____ NO. CHILDREN _____ HOME PHONE _____ CELL# _____

OCCUPATION _____ EMPLOYER _____ WORK PHONE _____

SPOUSE'S NAME _____ OCCUPATION _____ EMPLOYER _____ PHONE # _____

WHO REFERRED YOU TO OUR OFFICE? _____

EMERGENCY CONTACT _____ PHONE # _____ RELATIONSHIP _____

IF WE ACCEPT YOUR CASE. HOW DO YOU PLAN TO PAY FOR YOUR CHIROPRACTIC CARE? INSURANCE _____

MEDICARE _____, MEDICARE SUPP. _____, MEDICAL ASSISTANCE _____, WORKER'S COMP. _____, CASH _____

(CASH PAYMENT EXPECTED AT THE TIME OF SERVICE). OTHER _____

NAMES OF ALL HEALTH INSURANCE CARRIERS _____

NAME OF PERSON RESPONSIBLE FOR PAYMENT _____

CURRENT HEALTH CONDITION

PRESENT COMPLAINT _____

DATE OF ONSET _____ CAUSE _____

DID THIS HAPPEN AT WORK? YES / NO IF YES, DID YOU REPORT IT TO YOUR EMPLOYER? _____

HAVE YOU HAD THE SAME OR SIMILAR CONDITION BEFORE? YES / NO IF YES, WHEN? _____

PLEASE LIST ANY MEDICATION OR DRUGS YOU ARE TAKING _____

PHYSICIAN NAME _____ DATE OF LAST EXAMINATION _____

WOULD YOU LIKE A REPORT OF FINDINGS SENT TO YOUR PHYSICIAN? YES / NO

PLEASE LIST ANY HEALTH CONDITION YOU HAVE OTHER THAN THAT WHICH YOU ARE NOW CONSULTING US _____

PAST HEALTH HISTORY

AUTO ACCIDENTS/FALLS/BROKEN BONES/CONCUSSIONS (List with date) _____

SURGERY (List surgery and date) _____

HOSPITALIZATION/ILLNESS (Other than above list with date) _____

PREVIOUS CHIROPRACTIC CARE (YES, NO) IF YES, NAME OF DOCTOR _____

FOR WHAT WERE YOU TREATED? _____ DATE OF LAST VISIT _____

HAVE YOU HAD ANY OF THE FOLLOWING DISEASES?

___ 541 APPENDICITIS	___ 285.9 ANEMIA	___ 429.9 INFLUENZA	___ 285.9 CHICKEN POX
___ 541 PNEUMONIA	___ 285.9 MEASLES	___ 429.9 PLEURISY	___ 429.9 HEART DISEASE
___ 541 POLIO	___ 285.9 MUMPS	___ 429.9 ALCOHOLISM	___ 429.9 VENEREAL INFECTION
___ 541 TUBERCULOSIS	___ 285.9 DIABETES	___ 716.9 ARTHRITIS	___ 716.9 MENTAL DISORDER
___ 541 RHEUMATIC FEVER	___ 285.9 CANCER	___ 716.9 EPILEPSY	___ 716.9 ECZEMA
___ 541 WHOOPING COUGH	___ 429.9 GOITER	___ 724.2 LUMBAGO	___ 716.9 PSORIASIS