## **CHIROPRACTIC INTAKE & HISTORY**

atient Name					_ Employer	/ School			
		LAST N			_ Occupation	on			
.ddress	FIRST NAME		MIDDLE	INITIAL	Spouse's	Name			
			State		•	Employer			
•					•	Occupation			
Cell Phone						OF EMERGENCY, C			
mail									
ex 🗆 M	□ F Age		Birthday		Relations	hip			
Married 1	☐ Widow	ed 🗖	Single	☐ Minor	Contact N	Number			
Separated	☐ Divorce	ed 🗖	Partnered		Who may	/ we thank for referri	ng you?		
	N WE HE								
Vhat brings yo	u in today? _								
you are alrea	dy experiencir	ıg a symptoı	m, what is it?						
	How intense a			SYMPTO		3 4 5	6 0		MTENSE MPTOMS
lease circle ar	eas to the rigi	it where you	rnave pain or	other sympi	oms.				
/hat does it fe	eel like? (chec	k where app	oropriate)			// //	// /		
Numbness		Sharp					// \\	/	
l Tingling		Shooting				(8/ X 16)	(d) X 1		
Stiffness		Burning					~\		
l Dull		Throbbing				) )( (	) )( /		
l Aching		Stabbing				( ))	( )( )		
Cramping		•				\	\ ( \ /		
		Swelling				) \/ (	)		
Nagging	<u> </u>	Other							
MPACT	OF YOU	R SYMI	PTOMS						
low is this svn	nptom / condit	tion interferir	ng with vour li	fe? (check w	here appropriate)				
	No Effect	Mild Effect	Moderate Effect	Severe Effect	, ,	No Effect	Mild Effect	Moderate Effect	Sever Effec
Vork					Energy				
xercise					Attitude				
la ava ati a a					Patience				
lecreation					Productivity				
elationships					Creativity				
lelationships leep						_			
elationships					Other				

4	I	ILLNFS	S-WFI I	NESS CO	INITAC	JUM			
			<u> </u>	. 1200 00					
PDE				MFORT					
PRE- MATURE	Disease De	veloping -		ONE -	Wellne	ss Devel	oping —	→ HIGH	
DEATH			(FALSI	WELLNESS)				WEL	LNESS
0	1 2	3	4	5 6	7	8	9	10	
<b>DISEASE</b> Multiple medications		R HEALTH mptoms		IEUTRAL symptoms		OOD HEALTI gular exercis		OPTIMAL 100% f	
Poor quality of life Potential becomes limited	Dru	g therapy Surgery	Nutritio	on inconsistent cise sporadic	G	ood nutrition ness educati		Continuous of Active par	
Body has limited function	Losing n	ormal function		ot a high priority		nerve interfe		Wellness	
- H									
n the arrow diagram abo									
A. What number do you	think represent	ts your health	n today?						
B. In what direction is yo	ur health curre	ently headed?							
/hat are your health goals	?								
IMMEDIATE									
SHORT TERM .									
LONG TERM _									
LONG TERM =									
low many children do you	ı have?			•	• •	•		☐ Yes, I am (	
low many children do you	ı have?			Number	of past pre	gnancies?		☐ Yes, I am o	
low many children do you childrens' ages? childrens' health concerns	ı have?			Number Health c	of past preg	gnancies? parding this	pregnand	· 	
low many children do you childrens' ages?childrens' health concerns	r have?			Number Health o	of past preconcerns reg	gnancies? larding this	pregnand	cy?	ve or have t
ow many children do you childrens' ages?	ess His	TORY	ssues	Number Health o	of past preconcerns reg	gnancies? larding this	pregnand y condition	cy?n that you hav	ve or have t
ow many children do you hildrens' ages?hildrens' health concerns  HEALTH & ILLN  AIDS/HIV  Alcoholism	! have? ? ESS HIS	STORY  Circulation Is	ssues	Number Health o	of past pred concerns reg eck the box daches / Mig t Disease	gnancies? larding this	pregnand y condition	n that you hav	ve or have h
iow many children do you childrens' ages? childrens' health concerns lEALTH & ILLN l AIDS/HIV l Alcoholism l Anxiety	ESS HIS	STORY  Circulation Is  Childhood III	ssues	Number Health of	eck the box daches / Mig t Disease	gnancies? larding this	y conditio	n that you have Ringing in E	ve or have h
Iow many children do you childrens' ages? Childrens' health concerns  HEALTH & ILLN  AIDS/HIV  Alcoholism  Anxiety  Arteriosclerosis	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss	ssues ness	Please ch	eck the box daches / Mig t Disease	gnancies? larding this	y condition	n that you have Ringing in E	ve or have h Ears sues
low many children do you childrens' ages?	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia	esues ness sues arrhea/GERD/IBS)	Please ch	eck the box daches / Mig t Disease atitis	gnancies? parding this beside any graines	y condition	n that you have Ringing in Ed. Scoliosis Shoulder Is Stroke	ve or have h Ears sues
low many children do you childrens' ages?	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/	esues iness sues arrhea/GERD/IBS) /Hand Issues	Please ch  Please ch  Hear  Hear  Hear  Hepr  Hip I	eck the box daches / Mig t Disease atitis ssues une Issues	gnancies? larding this beside any graines	y condition	n that you have a Ringing in E Scoliosis Shoulder Is Stroke TMJ Issues	ve or have h Ears sues
How many children do you childrens' ages?  Childrens' health concerns  HEALTH & ILLN  Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Is:	ssues sues surhea/GERD/IBS) /Hand Issues sues (Thyroid)	Please ch  Please ch  Hear  Hear  Hear  Hepr  Hip I	eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi	gnancies? larding this beside any graines	y condition	n that you have a score of the	ve or have h Ears sues ues sis
ow many children do you hildrens' ages? hildrens' health concerns  IEALTH & ILLN  AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Iss Foot/Ankle Is	ssues sues surhea/GERD/IBS) /Hand Issues sues (Thyroid)	Please ch  Please ch  Hear  Hear  Hepr  Hip I  Mult	eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi	gnancies?  parding this  beside any  graines  s s	y condition	n that you have a scoliosis a Shoulder Is Stroke a TMJ Issues a Urinary Issue o Osteoporos	ve or have h Ears sues ues sis
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Iow many children do you childrens' ages?  Childrens' health concerns  HEALTH & ILLN  AIDS/HIV  Alcoholism  Anxiety  Arteriosclerosis  Arthritis  Asthma/Allergies  Back Pain  Cardiovascular Issues  Cancer	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Is: Foot/Ankle Is	ssues Iness sues arrhea/GERD/IBS) /Hand Issues sues (Thyroid) ssues	Please ch  Please ch  Hear  Hear  Hear  Hepr  Hip I  Mult  Repr	eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain	gnancies?  parding this  beside any  graines  s s	y condition	n that you have a scoliosis a Shoulder Is Stroke a TMJ Issues a Urinary Issue o Osteoporos	ve or have h Ears sues ues sis
CHILDREN & PI How many children do you Childrens' ages? Childrens' health concerns  HEALTH & ILLN  AIDS/HIV Alcoholism Anxiety Arteriosclerosis Arthritis Asthma/Allergies Back Pain Cardiovascular Issues Cancer  ALLERGIES, MI	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Iss Foot/Ankle Is Gout	ssues ness sues arrhea/GERD/IBS) /Hand Issues sues (Thyroid) ssues	Number Health of  Please ch  Hear Hear Hear Hear Hear Hear Repr	eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain	gnancies?  parding this  beside any  graines  s s s	y condition	n that you have a Ringing in E Scoliosis Shoulder Is Stroke TMJ Issues Urinary Issues Other	ve or have h Ears sues ues sis
How many children do you childrens' ages?  Childrens' health concerns  HEALTH & ILLN  AIDS/HIV  Alcoholism  Anxiety  Arteriosclerosis  Arthritis  Asthma/Allergies  Back Pain  Cardiovascular Issues  Cancer	ESS HIS	Circulation Is Childhood III Depression Diabetes Digestive Iss (Constipation/Dia Elbow/Wrist/ Endocrine Iss Foot/Ankle Is Gout	ssues Iness sues arrhea/GERD/IBS) /Hand Issues sues (Thyroid) ssues	Number Health of  Please ch  Hear Hear Hear Hear Hear Hear Repr	eck the box daches / Mig t Disease atitis ssues une Issues phatic Issue iple Sclerosi k Pain	gnancies?  parding this  beside any  graines  s s s	y condition	n that you have a Ringing in E Scoliosis Shoulder Is Stroke TMJ Issues Urinary Issues Other	ve or have h Ears sues ues sis