

REQUIRED FOR YOUR CASE HISTORY FILE

Date _____

Last Name _____ First Name _____ Initial _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Fax _____
Birthdate _____ Sex: M F Marital Status: S M D W No. Children _____
Social Security # _____ Driver's License # _____ State Issued _____
Employer _____ Phone # _____ Occupation _____
Employer Address _____ City _____ State _____ Zip _____
Spouse's Name _____ Cell # _____ Occupation _____
Spouse's Employer _____ Add. _____ City _____ State _____ Zip _____

HEALTH INSURANCE INFORMATION

Insurance Name _____ ID# _____ Grp# _____
Address _____ Phone # _____

AUTOMOBILE INSURANCE INFORMATION

Insurance Name _____ Phone # _____ Fax# _____
Address _____ City _____ State _____ Zip _____
Name of Adjuster _____ Claim # _____
Did your accident occur while at work? Yes No Date of Injury _____
Were you involved in an automobile accident? Yes No Date of Accident _____

SYMPTOMS

HEAD:

- Headache
 entire head
 back of head
 forehead
 temples
 migraine
 Head feels heavy
 Loss of memory
 Light-headedness
 Fainting
 Lights bother eyes
 Loss of smell
 Loss of taste
 Loss of balance
 Dizziness
 Loss of hearing
 Pain in ears
 Ringing in ears
 Buzzing in ears

NECK:

- Pain in neck
 Neck pain with movement
 Pinched nerve in neck
 Neck feels out of place
 Stiff neck
 Muscle spasms in neck
 Grinding sounds in neck
 Grating sounds in neck
 Popping sounds in neck
 Arthritis in neck

LOW BACK:

- Low back pain
 Low back pain is worse when:
 working
 lifting
 stooping
 standing
 sitting
 bending
 coughing
 Pinched nerve in low back
 Slipped disc
 Low back feels out of place
 Muscle spasms
 Arthritis

MID-BACK:

- Mid back pain
 Pain between shoulder blades
 Sharp stabbing pain in mid-back
 Muscle spasms

ABDOMEN:

- Nervous stomach
 Nausea
 Gas
 Constipation
 Diarrhea

SHOULDERS:

- Pain in shoulder joint (R-L)
 Pain across shoulders
 Bursitis (R-L)
 Arthritis (R-L)
 Can't raise arm
 above shoulder level
 over head
 Tension in shoulder (R-L)
 Muscle spasms in shoulders

ARMS & HANDS:

- Pain in upper arm
 Pain in forearm
 Pain in hands
 Pain in fingers
 Pinched nerve in arm
 Pinched nerve in fingers
 Sensation of pins & needles in arms
 Sensation of pins & needles in fingers
 Fingers go to sleep
 Hands cold
 Swollen joints in fingers
 Sore joints in fingers
 Arthritis in fingers
 Loss of grip strength

CHEST:

- Chest pain
 Shortness of breath
 Pain around ribs

HIPS, LEGS & FEET:

- Pain in buttocks (R-L)
 Pain in hip joint (R-L)
 Pain down leg (R-L)
 Pain down both legs
 Leg cramps
 Pins & needles in legs (R-L)
 Numbness of leg (R-L)
 Numbness of feet (R-L)
 Numbness of toes
 Feet feel cold
 Cramps in feet (R-L)
 Swollen ankles (R-L)
 Swollen feet (R-L)
 Painful joints in toes
 Pain in foot (R-L)
 Pain in knee (R-L)

GENERAL:

- Nervousness
 Irritable
 Depressed
 Fatigue
 Generally feel run-down
 Loss of sleep
 Loss of weight

Have you had X-Rays before? Yes No When? _____

What areas were X-rayed? _____

WOMEN ONLY:

Menstrual Pain Cramping Irregularity Date of last period _____

Are you now pregnant? Yes No How long? _____

PAYMENT IS EXPECTED AT TIME OF VISIT, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

PATIENT'S SIGNATURE _____