

Chiropractic New Patient Intake

Chief Complaint:

Why are you here to see the doctor today? _____

Have you ever seen a chiropractor before? If yes, when was your last treatment?

History of Present Illness:

What date did your chief complaint begin? _____

How did your chief complaint begin? _____

What makes your chief complaint better? _____ worse? _____

Current Average Pain Level: (Please Circle one) None- 0 1 2 3 4 5 6 7 8 9 10 - Most Severe

What percentage of the day/week do you experience symptoms? _____

Prior Treatment for Your Current Problem:

Have you been seen by anyone else for this issue? _____

If so, who did you see? _____

Have you had this same problem in the past? _____

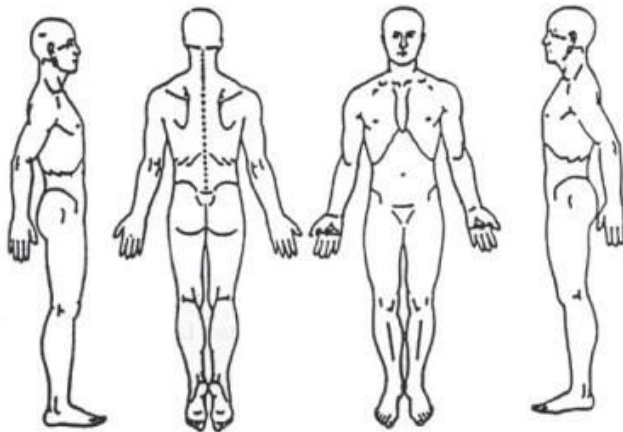
If so, how did it resolve? _____

Goals and Outcomes:

What activities do your symptoms interfere with? _____

What are your goals for treatment? _____

Please fill out the pain drawing below:



Use key below to describe different types of pain:
 >>>=Ache 000=Pins and Needles zzz=Numbness xxx=Burning

How do the following affect your condition?

	Worse	Better	Same
Cough/ Sneeze:	[]	[]	[]
Sitting	[]	[]	[]
Sit to Stand	[]	[]	[]
Bending Forward:	[]	[]	[]
Bending Backward:	[]	[]	[]
Morning:	[]	[]	[]
Nighttime:	[]	[]	[]
Standing:	[]	[]	[]
Walking:	[]	[]	[]

Barriers:

Are there any limitations that may keep you from following a treatment plan or making life style changes? _____