INITIAL INTAKE FORM

Name _____ Today's Date _____

Address _____ Birthdate _____

_____ Occupation _____

Phone: Home _____ Work _____ Cell _____

Email address _____ Referred by _____

Physician _____ Physician's Phone _____

Chiropractor _____ Other healthcare givers _____

Reason for visit today _____

Current medications, herbs, supplements _____

_____

_____

Your Past Medical History

Check any of the following you currently have, or have had in the past. Please also check if you feel any of the following are a significant part of your medical history.

☐ AIDS/HIV	☐ Diabetes	☐ Multiple Sclerosis	☐ Surgery (list)	☐ Tuberculosis
☐ Alcoholism	☐ Emphysema	☐ Mumps	_____	☐ Typhoid Fever
☐ Allergies	☐ Epilepsy	☐ Pacemaker	_____	☐ Ulcers
☐ Appendicitis	☐ Goiter	☐ Pleurisy	_____	☐ Venereal Disease
☐ Arteriosclerosis	☐ Gout	☐ Pneumonia	☐ Thyroid Disorders	☐ Whooping Cough
☐ Asthma	☐ Heart Disease	☐ Polio	☐ Major Trauma	☐ Other (Specify)
☐ Birth Trauma	☐ Hepatitis	☐ Rheumatic Fever	(car, fall, etc., list)	_____
(your own birth)	☐ Herpes	☐ Scarlet Fever	_____	_____
☐ Cancer	☐ High Blood Pressure	☐ Seizures	_____	_____
☐ Chicken Pox	☐ Measles	☐ Stroke	_____	_____

Auto Accident Clients Only:

Insurance Co. _____ Address & Phone _____

Policy No. _____ _____

Claim No. _____ Contact Person _____

Date of Accident _____

PATIENT SYMPTON SURVEY

Patient Name _____ Date _____

Please check your past and present symptoms so we can better evaluate your condition.

GENERAL
Past Now
☐ ☐ Fatigue
☐ ☐ Sleep problems
☐ ☐ Swollen glands
☐ ☐ Hot or cold intolerance
☐ ☐ Frequent headaches
☐ ☐ Weight loss
☐ ☐ Weight gain
☐ ☐ Fever or chills
☐ ☐ Allergies

NERVOUS SYSTEM
Past Now
☐ ☐ Dizziness
☐ ☐ Blurred vision
☐ ☐ Fainting
☐ ☐ Paralysis
☐ ☐ Tremors
☐ ☐ Numbness/tingling
☐ ☐ Convulsions
☐ ☐ Imbalance
☐ ☐ Memory loss
☐ ☐ Muscle weakness

URINARY
Past Now
☐ ☐ Painful urination
☐ ☐ Frequent urination
☐ ☐ Hard to urinate
☐ ☐ Incontinence
☐ ☐ Bed wetting
☐ ☐ Discolored urine
☐ ☐ Frequent infections
☐ ☐ Prostate problems
☐ ☐ Unusual discharge

HEAD
Past Now
☐ ☐ Headache
☐ Entire head
☐ Back of head
☐ Forehead
☐ Temples
☐ Migraine
☐ ☐ Head feels heavy
☐ ☐ Loss of memory
☐ ☐ Lightheadedness
☐ ☐ Light bothers eyes
☐ ☐ Loss of smell
☐ ☐ Loss of taste
☐ ☐ Loss of balance
☐ ☐ Dizziness
☐ ☐ Loss of hearing
☐ ☐ Pain in ears
☐ ☐ Ringing in ears
☐ ☐ Buzzing in ears

NECK
Past Now
☐ ☐ Pain in neck
☐ ☐ Neck pain w/ 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

EMOTIONAL
Past Now
☐ ☐ Anxiety or worry
☐ ☐ Frequent crying
☐ ☐ Anger
☐ ☐ Tension
☐ ☐ Mood swings
☐ ☐ Fear
☐ ☐ Restlessness
☐ ☐ Confusion
☐ ☐ Depression
☐ ☐ Suicidal

REPRODUCTIVE SYSTEM
Past Now
☐ ☐ Painful intercourse
☐ ☐ Prostate problems
☐ ☐ Sexual problems
☐ ☐ Loss of sex drive
☐ ☐ Genital infections
Birth control method:
_____
Women only
Past Now
☐ ☐ Cramps
☐ ☐ PMS
☐ ☐ Irregular periods
Are you pregnant?
☐ Yes ☐ No
Date last period _____
# of pregnancies _____
# of miscarriages _____
# of abortions _____
Date of last PAP _____
☐ ☐ Difficult labor
☐ ☐ Breast problems

LOW BACK
Past Now
☐ ☐ Low back pain
Low back pain is worse when:
☐ Working
☐ Lifting
☐ Stooping
☐ Standing
☐ Sitting
☐ Bending
☐ Coughing
☐ ☐ Pinched nerve in low back
☐ ☐ Slipped disk
☐ ☐ Feels out of place
☐ ☐ Muscle spasms
☐ ☐ Arthritis

MID BACK
Past Now
☐ ☐ Mid back pain
☐ ☐ Pain between shoulder blades
☐ ☐ Sharp stabbing pain in mid back
☐ ☐ Muscle spasms

CHEST
Past Now
☐ ☐ Chest pain
☐ ☐ Shortness of breath
☐ ☐ Breath pain around ribs

EENT
Past Now
☐ ☐ Earache
☐ ☐ Ear discharge
☐ ☐ Ringing in ears
☐ ☐ Hearing loss
☐ ☐ Nose bleeds
☐ ☐ Hoarseness
☐ ☐ Problems swallowing
☐ ☐ Sore throat
☐ ☐ Jaw tight or sore
☐ ☐ Dental problems
☐ ☐ Glasses/contacts

MUSCULOSKELETAL

Past Now

☐ ☐ Joint swelling
☐ ☐ Muscle cramps
☐ ☐ Neck pain
☐ ☐ Shoulder pain
☐ ☐ Tennis elbow
☐ ☐ Arm pain
☐ ☐ Hand sensations
☐ ☐ Loss of grip
☐ ☐ Mid back pain
☐ ☐ Rib pain
☐ ☐ Low back problems
☐ ☐ Hip pain
☐ ☐ Foot problems
☐ ☐ Leg cramps
☐ ☐ Knee pain
☐ ☐ Ankle weakness
☐ ☐ Tingling foot

SHOULDERS

Past Now

☐ ☐ Pain in shoulder joint
☐ ☐ Pain across shoulders
☐ ☐ Bursitis (R-L)
☐ ☐ Arthritis (R-L)
☐ ☐ Can't raise arm
☐ Above shoulder level
☐ Over head
☐ ☐ Tension in shoulders
☐ ☐ Pinched nerve in shoulder
☐ ☐ Muscle spasms in shoulder

ARMS & HANDS

Past Now

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

HEART/LUNG

Past Now

☐ ☐ Chest pain
☐ ☐ High blood pressure
☐ ☐ Low blood pressure
☐ ☐ Persistent cough
☐ ☐ Hard to breathe
☐ ☐ Coughing blood
☐ ☐ Coughing phlegm
☐ ☐ Irregular heartbeat
☐ ☐ Varicose veins
☐ ☐ Ankle swelling

GASTROINTESTINAL

Past Now

☐ ☐ Change in appetite
☐ ☐ Thirst
☐ ☐ Nausea
☐ ☐ Vomiting
☐ ☐ Diarrhea
☐ ☐ Constipation
☐ ☐ Gas
☐ ☐ Hemorrhoids
☐ ☐ Gall bladder
☐ ☐ Belching
☐ ☐ Heartburn
☐ ☐ Abdominal pain
☐ ☐ Bloody/black stools
☐ ☐ Indigestion
☐ ☐ Liver trouble

SKIN

Past Now

☐ ☐ Easy bruising
☐ ☐ Dry skin
☐ ☐ Itching
☐ ☐ Boils
☐ ☐ Rashes
☐ ☐ Excessive sweat
☐ ☐ Hair changes

HIPS, LEGS & FEET

Past Now

☐ ☐ 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
☐ ☐ 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

Past Now

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