

Confidential Patient Information

Patient Name: _____ Date of Birth: _____ Age: _____
 Address: _____ Visit due to auto or work-related injury: Y / N
 City: _____ State: _____ Zip: _____ If yes, date of injury: _____
 Primary Contact Phone#: _____ Alternate Phone: _____
 Best time to be reached : _____ A.M. /P.M. On: Primary Contact Phone Alternate Phone
 Email: _____ Alternate Email: _____
 Occupation: _____ Employer: _____
 Marital Status: M S W D Spouse's Name: _____
 Spouse's Employer: _____ Spouse's Occupation: _____
 Emergency Contact (Name): _____ Emergency Contact's phone #: _____
 How were you referred to our office (*event, internet, patient, etc.*)? _____

CERVICAL SPINE (NECK):

A misalignment in the cervical spine will weaken the nerves into your arms, hands and head, and affect these parts of your body. Do you experience...?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Neck Pain
<input type="checkbox"/> Pain into shoulders/arms/hands
<input type="checkbox"/> Numbness/tingling in arms/hands | <input type="checkbox"/> Hearing disturbances
<input type="checkbox"/> Weakness in grip
<input type="checkbox"/> Headaches
<input type="checkbox"/> Dizziness | <input type="checkbox"/> Visual disturbances
<input type="checkbox"/> Coldness in hands
<input type="checkbox"/> Thyroid conditions
<input type="checkbox"/> Sinusitis | <input type="checkbox"/> Allergies/Hay fever
<input type="checkbox"/> Recurrent colds/Flu
<input type="checkbox"/> Low Energy/Fatigue
<input type="checkbox"/> TMJ/Pain/Clicking |
|---|--|---|---|

THORACIC SPINE (UPPER BACK):

A misalignment in the upper thoracic spine will weaken the nerves to the heart and lungs, and affect these parts of your body. Do you experience...?

- | | | |
|---|--|--|
| <input type="checkbox"/> Heart Palpitations
<input type="checkbox"/> Heart Murmurs
<input type="checkbox"/> Tachycardia | <input type="checkbox"/> Heart Attacks/Angina
<input type="checkbox"/> Recurrent Lung Infections/Bronchitis | <input type="checkbox"/> Asthma/Wheezing
<input type="checkbox"/> Shortness Of Breath
<input type="checkbox"/> Pain On Deep Inspiration/Expiration |
|---|--|--|

THORACIC SPINE (MID BACK):

A misalignment in the thoracic spine will weaken the nerves into your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience...?

- | | | |
|--|---|--|
| <input type="checkbox"/> Mid Back Pain
<input type="checkbox"/> Pain Into Ribs/Chest
<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Reflux
<input type="checkbox"/> Nausea
<input type="checkbox"/> Ulcers/Gastritis
<input type="checkbox"/> Indigestion/Heartburn | <input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Tired/Irritable after eating or not eating for a while |
|--|---|--|

LUMBAR SPINE/SACRUM/PELVIC (LOW BACK/PELVIS):

A misalignment in the lumbar spine and pelvis will weaken the nerves into your legs/feet and pelvic organs, and affect these parts of your body. Do you experience...?

- | | | |
|---|---|---|
| <input type="checkbox"/> Pain into hips/legs/feet
<input type="checkbox"/> Numbness/tingling in legs/feet
<input type="checkbox"/> Coldness in legs/feet
<input type="checkbox"/> Muscle cramps in legs/feet | <input type="checkbox"/> Constipation/Diarrhea
<input type="checkbox"/> Weakness/injuries in hips/knees/ankles
<input type="checkbox"/> Low back pain | <input type="checkbox"/> Recurrent bladder infections
<input type="checkbox"/> Frequent/difficulty urinating
<input type="checkbox"/> Menstrual irregularities
<input type="checkbox"/> Sexual dysfunction |
|---|---|---|