Case History

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Cell Phone # (____) _____ W. Phone _____ Date of Birth _____ (Age ____)

Referred by _____ Social Security # _____

Occupation _____ Employer _____

Martial Status S M D W Spouse's Name _____

Spouse's Occupation _____ Number of Children and Ages _____

Have you ever received Chiropractic Care? ❑ Yes ❑ No

About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, your Chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

Loss of Wellness

Let's begin at birth when you may have damaged your spine and nerve system.

1. Birth Process

Yes	No		Patient Comment if answer is Yes	Chiropractor's Comments
❑	❑	Was the delivery long?		
❑	❑	Was the delivery difficult?		
❑	❑	Forceps?		
❑	❑	Caesarean?		
❑	❑	Breach/cephalic?		

2. Growth and Development

❑	❑	Were you taught how to care for your spine?		
❑	❑	Did you fall out of bed?		
❑	❑	Were you a headbanger or rocker?		
❑	❑	Were you breast fed?		
❑	❑	Childhood sicknesses?		
❑	❑	Accidents?		
❑	❑	Surgery?		
❑	❑	Drugs?		
❑	❑	Did you fall while learning to walk?		
❑	❑	Chair pulled out when sat down?		
❑	❑	Did you fall down stairs?		
❑	❑	Were you yanked by your arm?		
❑	❑	Did you have other Traumas?		
		What were the other Traumas?		
		When were they?		

Yes	No			
❑	❑	3. Current Health Habits		
❑	❑	Did/do you smoke?		
❑	❑	Did/do you drink any alcohol?		
❑	❑	Diet (Do you eat healthy foods?)		
❑	❑	Have you been in accidents?		
❑	❑	Have you had surgery and organs removed/replaced?		
❑	❑	Drugs? (Prescriptive or non-prescriptive)		
❑	❑	Exercise Regularly?		
❑	❑	Hobbies/Sports Injuries?		
		Sleeping Posture		
❑	❑	Side		
❑	❑	Stomach		
❑	❑	Back		

Symptons and ill Health (Present State of ill Health)

Present Complaint

Major _____

Pain or Problem started on _____

Pains are: ❑ Sharp ❑ Dull ❑ Constant ❑ Intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition worse during certain times of the day? _____

Is this condition interfering with work? _____ Sleep? _____ Routine? _____ Other? _____

Is condition getting progressively worse? _____

Other Doctors seen for this condition _____

Any home remedies? _____

Other symptoms:

❑ Headaches	❑ Pins & Needles in Legs	❑ Fainting
❑ Neck Pain	❑ Pins & Needles in Arms	❑ Loss of Smell
❑ Sleeping Problems	❑ Numbness in Fingers	❑ Loss of Taste
❑ Back Pain	❑ Numbness in Toes	❑ Diarrhea
❑ Nervousness	❑ Shortness of Breath	❑ Feet Cold
❑ Tension	❑ Fatigue	❑ Hands Cold
❑ Irritability	❑ Depression	❑ Stomach Upset
❑ Chest Pains	❑ Lights Bother Eyes	❑ Constipation
❑ Dizziness	❑ Loss of Memory	❑ Cold Sweats
❑ Face Flushed	❑ Ears Ring	❑ Loss of Balance
❑ Neck Stiff	❑ Fever	❑ Buzzing in Ears

Have you been under drug and medical care? _____

What medications are you taking? _____

How Long? _____ Have you had surgery? _____ What? _____ When? _____

What side effects have you experienced from the drugs and surgery? _____

Is there a family history of?

	Heart Disease	Arthritis	Cancer	Diabetes	Other _____
Father's side	❑	❑	❑	❑	❑
Mother's side	❑	❑	❑	❑	❑

About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care** which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. Then begins **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.