

PATIENT HISTORY & EXAMINATION

NAME: _____ PHONE() _____ DATE: _____

ACCIDENT – INJURY INFORMATION:

DATE OF ACCIDENT: _____ TIME: _____ am/pm WAS Employer Notified? _____ last day of worked? _____

Accident location & description _____

PREVIOUS TREATMENT FOR THIS CONDITION:

____ DC ____ MD OTHER _____ NAME _____

Results _____

Have you been placed on Disability? _____ By Whom? _____ From ____ To _____

HEALTH HISTORY: IMPORTANT - LIST DRUGS YOU ARE NOW TAKING _____

Do you have? TB ____ VD ____ In the past ____ Cancer ____ Diabetes _____

SURGERY HISTORY:

____ Appendix ____ Tonsils ____ Hernia ____ Hemorrhoid ____ Spinal ____ Hysterectomy

____ Prostate ____ Cyst ____ Cancer

LIST OTHERES _____

List / Fractures / Dislocations / Concussions present & past _____

List previous accidents / Injuries / Major illnesses _____

Family Physician _____ Telephone () _____

Address: _____ City _____ State _____ Zip _____

Nearest relative (not living with you) _____

Address: _____ City _____ State _____ Zip _____

Telephone () _____ Relationship _____

PATIENT SYMPTOMS COMPLAINTS

FOR _____ DATE _____

IMPORTANT: Circle all present symptoms. Underline recent past symptoms. Sign below. Be Complete.

MUSCLE, LIGAMENT & JOINT

NECK: Weakness - Pain - Stiffness - Swelling - Spasms - Disc - Limited Movement - Pain on Motion - Surgery - Throat Muscles Swollen or Sore.
Worse: After Sleeping - During Day - End of Day.

MID BACK: Weakness - Pain - Spasms - Soreness.
Worse: After Sleeping - During Day - End of Day.

LOW-BACK: Weakness - Pain - Stiffness - Swelling - Limited Movement - Pain on Motion - Surgery.
Pain When: Sitting - Walking - Standing - Sleeping.
Worse: After Sleeping - During Day - End of Day.
Sacroiliac - Tailbone - Sex Impotency - Pain in Groin.
Worse: After Sleeping - During Day - End of Day.

EXTREMITIES & RADIATING PAIN

HEAD & HEADACHE: Side - Front - Top - Heavy Head - Affects Vision - Produces Nausea - Throbbing - Incapacitating - Handicaps Normal Function - Migraine.
Worse: After Sleeping - During Day - End of Day.

SHOULDER: Local Pain - Radiates Down Arm - Pain on Movement - Limited Movement - Pain from Neck.
Worse: After Sleeping - During Day - End of Day.

ARM: Local Pain - Radiating Pain - From Neck - On Movement - Down Arm - Numbness - Tingling - Elbow - Wrist - Fingers - Swelling - Heaviness - Cold Hands - Grip Strength Loss - Can't Raise - Drops Things.

HIP, KNEES, LEGS: Local Pain - Radiating Pain - From Back - On Movement - Down Leg - Knee (Front - Back) Numbness - Tingling - Knee Swelling - Ankle Swelling - Charlie Horses - Cramps - Spasms - Varicose Vains - Heaviness - Pain on Walking - Sitting - Prolonged Standing.

FEET: Swelling - Discomfort - Pain - Pain on Walking - Pain with Back Problem - Corns - Callouses - Bunions - Fallen Arch - High Arch - Toe-in - Toe-out - Cold - Burn.

MUSCLE & LIGAMENTS

Sprain - Pulled - Torn - Atrophy

SPINE & DISC

SPINE: Surgery - Arthritis - Curvature - Whiplash.
DISC: Surgery - Protrusion - Compressed - Degenerating - Deteriorating - Herniated - Ruptured.

NERVES

Burning - Numbness - Tingling - Pins and Needles - Tremor - Nervousness - Nervous Tension - Nervous Fatigue - Dizziness - Poor Equilibrium - Loss of Balance.

ENERGY AND FATIGUE

Intermittent - Constant - Occasional.
Exhaustion Build-up - Tired Upon Awakening - Exhaustion After Work - Must Rest During Day

WALKING CAUSES: Tiredness - Fatigue - Exhaustion.

SLEEPING: Good - Fair - Poor - Poor Due to Pain - Insomnia - Falls to Sleep - Emotional Fatigue - Excessive Sleep.

EYE, EAR, NOSE THROAT & MOUTH

EYE: Pain - Strain - Red - Blurring - Light Hurts - Double Vision - Spots - Injury - Pressure - Glasses.

SIGHT: Far - Near - Failing - Glasses.

EAR: Ache - Infection - Noises - Ring - Buzzing.

HEARING: Good - Poor - Aid - Failing.

NOSE: Post-nasal Drip - Bleeding - Obstruction - Sneezing - No Smell.

THROAT: Sore - Dry - Hoarse - Phlegm - Enlarged Glands - Swallow.

MOUTH: Bad Taste - Teeth - Breath - Gums - Sores - Eruptions - No Taste.

TEETH: Good - Bad - Abscess - Grinding - Dentures: Fit Well - Poor.

HEART AND CIRCULATION

HEART: Slow - Rapid - Pain - Palpitation - Past Attack - Coronary - Chest Pain - Pain Down Arm - Difficult Breathing.

BLOOD PRESSURE: High - Low Irregular - Past Stroke - Paralysis: L - R.

CIRCULATION: Good - Poor - Swelling.

COLD: Hands - Feet - Body - Varicose Vains - Hardening Arteries.

SWEATS: Excess - None Hot - Cold - Night.

BLOOD: Problems - Disease - Anemia.

LUNGS AND BREATHING

LUNGS: Difficult Breathing - Congestion - Asthma - Emphysema - Wheezing - Bronchitis - Infection.

COUGH: Blood - Phlegm - Dry - Sneezing.

STOMACH, LIVER, GALL BLADDER AND INTESTINAL

STOMACH: Nausea - Pain - Ulcer - Vomiting Blood - Bile - Indigestion - Heatburn - Gas.

APPETITE: Good - Poor - Excess.

LIVER: Upset - Jaundice - Hepatitis.

GALL BLADDER: Attack - Infection - Stones.

INTESTINES: Bloat - Mucous - Constipated - Diarrhea - Hemorrhoids - Fissures - Colitis.

KIDNEY, BLADDER & URINATION

URINE: Frequent - Difficult - Burns - Blood - Pus - Irritates - No Control - Infection - Kidney Stones - Prostate - Ovaries - Bedwetting.

SKIN

Sensitive - Bruises - Dry - Itching - Rash - Hives - Shingles - Boils - Acne - Eruptions - Slow Healing.

GENERAL

SWOLLEN LYMPH NODES: Neck - Underarm - Groin - Face - Pallor - Chills - Fever - Flu - Virus - Chronic Cold - Cough.

SINUS: Congestion - Headache - Sneeze.

WEIGHT: Over - Under - Loss - Gain.

REACTION TO DRUGS: Mild - Severe - Occas:

PERSONAL HABITS

Hrs. Regular Sleep/night _____

Amount of Smoking _____ Pkg/day

Amount of Coffee/Tea _____ Cups /day

Amount of Alcohol _____ Week

Hrs. Regular worked _____ Day _____ Week

PERSONAL INJURIES & ACCIDENTS (dates)

AUTO ACCIDENTS: Recent - Past _____

WORK INJURIES: Recent - Past _____

FALLS & OTHERS: Recent - Past _____

GIVE DOCTOR FULL DETAILS

FOR WOMEN ONLY

MENSTRUAL: Cramps - Backache - Excess Flow - Difficult - Irregular - Tension.

MENOPAUSE: Symptoms - Hot Flashes - Estrogen.

VAGINAL: Discharge - Irritation - Odor.

MISCARRIAGES _____ PREGNANCIES _____

Unable to Become Pregnant. Self - Husband.

Currently pregnant

Absolutely no patients accepted for diagnosis or treatment of Cancer. Suspected cases of Cancer are immediately referred.

DATE _____

PATIENT SIGNATURE _____

GUARDIAN SIGNATURE _____