The ART of Chiropractic

Patient Admittance Form

Personal Information

Date: _____

Name: _____ M / F Birth Date (M/D/Y) _____

Address: _____ Postal Code: _____

Phone: (h) _____ (w) _____ (c) _____

Email: _____ AHC#:_____

Occupation: _____ Employer: _____

In case of emergency: _____ Phone: _____

Family Doctor: _____

Who may we thank for your referral? _____

Reason for Appointment

Chief Complaint:

_____

_____

How long have you had this condition for? _____

What makes it feel better? _____

What aggravates it? _____

Is this condition getting worse? Explain: _____

Have you had previous chiropractic care? Yes / No Dr._____

Are you taking any: anti-inflammatories: _____ pain killers:_____

Tranquilizers: _____ vitamins:_____ Other:_____

Other concerns or complaints: _____

Any surgeries related to your condition? _____

How do you sleep? Back _____ Side _____ Stomach _____

Any other injuries or motor vehicle accidents: _____

_____

Sports/ Interests/ Hobbies: _____

_____

Health History Form

Name: _____

Symptoms that you have now or have had previously relating to your condition:

Pain or Numbness
□jaw
□neck
□shoulders
□ arms
□hands
□hips
□legs
□knees
□ankle
□feet

E,E,N,T
□eye pain
□vision problems
□ear aches
□nosebleeds
□sinus infection
□thyroid problem
□sore throat
□dental problems
□allergies
□asthma

Neurological
□headaches
□fainting
□ dizziness
□ neuralgia
□tremors
□convulsions
□forgetfulness
□loss of sleep

Cardiovascular
□chest pain
□short of breath
□high/low blood pressure
□heart problems
□poor circulation
□congestion in lungs
□swelling of ankles

Gastrointestinal
□poor/excessive hunger
□nausea
□vomiting
□constipation
□diarrhea
□liver problems
□hemorrhoids

Genito-Urinary
□bladder trouble
□kidney infection
□discolored urine
□prostate trouble

For Women Only
□cramps
□painful cycle
□menopause
□pregnant

Family History

□arthritis
□allergies
□asthma
□hyperactivity
□multiple sclerosis

□cancer
□cardiovascular disease
□epilepsy
□high cholesterol
□other:

□diabetes
□depression
□hypothyroidism
□hyperthyroidism

Childhood Conditions

□measles
□whooping cough
□typhoid fever
□small pox

□mumps
□scarlet fever
□pneumonia
□lumbago

□chicken pox
□malaria
□ear infection
□other:

Chief Complaint

Name: _____

On the line below please mark where you pain status is for today.

No _____ Extreme

Pain Pain

On the line below please mark where your pain status was when it was the most severe on any occasion

No _____ Extreme

Pain Pain

On the diagram below please mark the areas you presently feel pain or discomfort.