PERSONAL CASE HISTORY

Date_____________

Name:____Marital /Partner Status:_____________
last first mid.int.

Address:____

City:____State:________________Zip:______________________

Best Phone # to Reach You:____________________________Second Phone #:_________________________________

Date of birth(month-day-year):___________________________Age:___________Height:__________Weight:___________

No. of Children (childbirths):_________________ Name of Spouse/Partner:____________________________________

Occupation:___________________________________Employed by:______________________________________

Business Phone (if it applies) :________________________E-Mail____

If minor, name of your parents:____

Have you ever received chiropractic care before?_____________When (last time):______________________________

What doctor or clinic?____

Describe the main health problems for which you came to this office:____

____

List any doctor(s) or clinic(s) you have been to for these problems:____

____

List any diagnosis(es) or type of treatment(s):____

____

List any accident(s) or personal injury(ies) you have ever had in the past (when?):_________________________________

____

List any broken bones you have ever had (when?):____

____

List any serious health problems/diseases you have had or may have now:______________________________________

____

List any operations you have ever had (when?):____

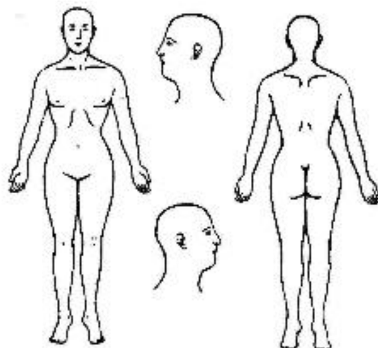
____

Have you ever been hospitalized for anything other than an operation? (when and for what?):________________________

____

Have you ever had a nervous breakdown or serious depression?____

List any serious health problems suffered by your immediate side of the family:___________________________________



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When was the last time you had an X-ray picture taken of you (any type)?

____

List any medications you are taking presently:______________________

____

List any vitamins or nutrients you are taking presently:_______________

____

Referred by:____

⇐ Please mark (X) your areas of pain .