

CASE HISTORY RECORD

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE PHONE: _____

AGE: _____ BIRTHDATE: _____ SEX: _____ MARRIED _S_ _D_ _W_ CHILDREN _____

OCCUPATION: _____ REFERRED BY: _____

NEARLY ALL INSURANCE COVERS CHIROPRACTIC. DOES YOURS? _____

NAME OF INSURANCE COMPANY: _____ POLICY # _____

INSURANCE ADDRESS: _____

MAJOR COMPLAINTS AND SYMPTOMS _____

LOCATION AND TYPE OF PAIN _____

WHEN DID YOU FIRST NOTICE THIS? _____

HAS THIS HAPPENED BEFORE? _____ WHEN? _____

DOES THIS INTERFERE WITH YOUR NORMAL LIVING AND WORK? _____

ANY FAMILY HISTORY OF THIS CONDITION? _____

WAS IT CAUSED BY A STRAIN? _____ FALL? _____ ACCIDENT? _____

AUTOMOBILE ACCIDENT? _____ DATE? _____ TIME? _____

OTHER ACCIDENTS? _____

ATTORNEYS NAME: _____ ADDRESS: _____

HAVE YOU HAD TREATMENT BY ANOTHER DOCTOR FOR THIS? _____

NAME OF DOCTOR: _____ DIAGNOSIS: _____

TREATMENT: _____ X/RAYS: _____

LENGTH OF CARE: _____ RESULTS: _____

DRUGS (PRESENT): _____ (PREVIOUS) _____ VITAMINS _____

HAVE YOU HAD ANY DIFFICULTY WITH THE FOLLOWING?

HEAD: HEADACHES _____ DIZZINESS _____ SINUS _____ OTHER _____

EYES: GLASSES/CONTACTS _____ PAIN _____ INFLAMMATION _____ OTHER _____

NOSE: SMELL _____ HAYFEVER _____ HEAD COLDS _____ OBSTRUCTION _____

THROAT: SPEECH _____ TIGHTNESS _____ PAIN _____ THYROID _____ TONSILS _____

NECK: STIFFNESS _____ PAIN _____ TENSION _____ OTHER _____

RIGHT SHOULDER: PAIN _____ STIFF _____ BURSITIS _____ OTHER _____

LEFT SHOULDER: PAIN _____ STIFF _____ BURSITIS _____ OTHER _____

ARMS: R _____ L _____ ELBOWS: R _____ L _____ WRISTS: R _____ L _____ HANDS: R _____ L _____

HEART: PAIN _____ SPASMS _____ PALPATION _____ ATTACK _____

HIGH BLOOD PRESSURE: _____ LOW BLOOD PRESSURE: _____ WHEN? _____

LUNGS: TB _____ PAIN AROUND CHEST _____ INTERCOSTAL NEURITIS _____

ABDOMEN: STOMACH _____ LIVER _____ GALLBLADDER _____ INTESTINES _____

DIGESTION _____ GAS _____ CONSTIPATION _____ DIARRHEA _____

KIDNEYS _____ HEMORRHOIDS _____ TENDERNESS OF ABDOMEN _____

MENSTRUATION: PAIN _____ CRAMPING _____ IRREGULARITY _____

DO YOU HAVE INNER TENSION? _____ NERVOUSNESS _____

DIABETES _____ CANCER _____ RHEUMATISM _____ GOITER _____

NUMBNESS IN ANY BODY PART _____ CRAMPS _____ SWELLING _____

ANEMIA _____ FAINTING _____ WEAKNESS _____ PAINFUL JOINTS _____

ARTHRITIS _____ PAIN IN UPPER / LOWER DORSAL AREA _____

PAIN IN LOWER BACK _____

PAIN IN: HIPS _____ R _____ L _____ THIGH _____ R _____ L _____ KNEE _____ R _____ L _____

PAIN IN: CALF _____ R _____ L _____ ANKLE _____ R _____ L _____ FOOT _____ R _____ L _____

COMMENTS:
