

MAHAWE CHIROPRACTIC

Confidential Patient Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth _____ Age _____ Gender: M or F Marital Status _____

Address _____
Address City State Zip Code

Home Phone # _____ Cell Phone _____ Email _____

Your Occupation

Company Name

City

Work Phone

How did you hear about us? _____

Workers Comp. Injury Motor Vehicle Accident Date of Injury: _____

Do you have insurance? NO YES If Yes, please let us print a copy of you insurance card.

Insured's Name: _____ Your Relationship to Insured: _____ Insured's Birthdate _____

If yes, please present your card(s) to the office manager for processing.

PERSONAL HEALTH HISTORY - The following lists a variety of conditions that patients may experience. Please read through the list and check the box next to each condition that applies to you.

GENERAL CURRENT CONDITIONS

- Recent accident such as a fall, whiplash, or blow to the head
- Muscle spasms
- Numbness or tingling of hands or feet or radiating pain
- Restriction of movement
- Headaches
- Migraines
- Depression
- Anxiety
- Dizziness
- Multiple Chemical Sensitivity
- Food sensitivities
- Nausea
- Sleeping trouble
- Asthma or breathing problem
- High blood pressure
- Fatigue
- Convulsions/epilepsy
- Heartburn/Acid Reflux
- Digestive trouble
- Menstrual problems
- Menopausal problems
- Sinus problems
- Difficulty with stress
- Shoulder, arm or hand problem
- Hip, leg or foot problem
- Jaw/mouth problem

DIAGNOSED CONDITIONS

- Born with bone or joint disorder
- Degenerative arthritis
- Rheumatoid arthritis
- Compression fractures
- Heart attack or heart disorder
- History of stroke or aneurysm
- Cancer
- Diabetes
- Gout
- Lupus
- Ankylosing Spondylitis
- Immune suppression treatment or disorder from chemotherapy, organ transplant, drug, etc.
- 3 or more months of steroid medications or intravenous drugs (past or present)
- Osteoporosis/Osteopenia
- Hepatitis B or HIV infection
- Multiple Sclerosis
- Thyroid or hormone disorder

OTHER CONDITIONS

- _____
- _____
- _____
- _____

SPECIFIC PAIN IN THE BODY

- Neck pain
- Extreme neck stiffness with pain or electric shocks in arms or legs when moving neck
- Leg pain that worsens with exercise
- Numbness of inner thighs
- Back pain with urinary problems
- Severe pain that interrupts sleep
- Constant pain that doesn't improve by changing positions or by lying down

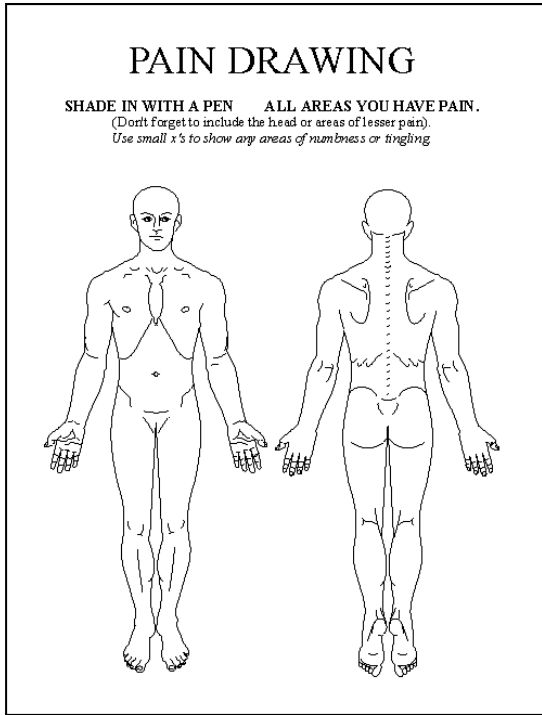
SPECIFIC CURRENT CONDITIONS

- Poor balance when walking or standing
- Blurred or double vision, dizziness, nausea or faintness when neck is in certain positions
- Memory loss after injury
- Recent, unexplained weight loss
- Recent progressive muscle weakness or shaking
- Recent or current fever over 102°F
- Loss of bowel or bladder control

(Confidential Patient Information Continued)

Name: _____

Date: _____



BRIEFLY DESCRIBE YOUR HEALTH ISSUE(S)

When did it start? _____

What caused it? _____

What makes it better?

What makes it worse? _____

What percentage of each day does it currently bother you? (Circle one)
0% 25% 50% 75% 100%

What would you like to do but can't because of the pain?

List other health care professionals you have seen for this condition.

Please mark on the line, the pain level that most accurately represents your pain for each body area:

Right now: No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Unbearable

FAMILY HISTORY (Circle) Spine problems Autoimmune disorders Arthritis Cancer Diabetes Heart disease Kidney disease Mental illness Seizures Other: _____

Last known: Height _____ Weight _____ **Are you pregnant?** Yes No Date of Last Period _____

Describe any **surgeries** or hospitalizations you've had and the dates _____

Current Medications _____

Personal Medical Physician _____

How would you rate your diet? _____ What kind of exercise do you do weekly? _____

What do you do to mentally de-stress? _____

Do you feel you have a pretty good understanding of what CHIROPRACTIC is and how we treat? Yes Maybe No

Have you ever been under a spinal care program before? No Yes-Describe: _____

What are you currently doing to keep you and your family's spines healthy? _____