



PATIENT INTRODUCTION CARD

Date _____

Name _____ Social Security# _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Which would you prefer, email reminders or a text message for future appointments? (Circle one) Email Text message

Email address _____ Text message - Phone carrier _____

Would you like your appointment reminder 4 hours or 1 day before appointment? (circle one) 4 hours 1day

Age _____ Birthdate _____ #Children/Ages _____ Marital Status M S W D

Occupation _____ Employer _____

Spouse's Name _____ DOB _____ SS# _____

Emergency Contact Name _____ Phone _____ Relation _____

Do you have health insurance? _____ What company? _____

Describe health concerns in detail, how it happened and your pain level (mild 1 2 3 4 5 6 7 8 9 10 severe)

How has this affected your Activites of Daily Living? _____

Date symptoms occurred? _____ Ever had similar symptoms? Yes No

Is condition related to auto accident? Yes No Employment? Yes No Referred by _____

What aggravates condition? _____ What makes condition better? _____

Describe care received before coming to this office and results _____

Have you had chiropractic before? _____ Where? _____ When? _____

Do you wish spinal correction or temporary relief of your condition? Correction Temporary Relief

Have you ever had surgery? Yes No If yes, please explain (give month & year) _____

Are you presently taking any medication? Yes No If yes, please give type, dosage and what it is for _____

Have you ever had any falls, accidents or injuries? Yes No If yes, please explain (give month & year) _____

Describe injured area(s) _____

HEALTH REVIEW

Name _____ Date of Birth _____ Today's Date _____

Please check all symptoms you have experienced.

CARDIOVASCULAR

- general swelling
- swelling in legs
- swelling in face / eyes
- chest pain
- heart "jumps"/ pounds
- rapid heart beat/ irreg
- hypertension
- heart attack
- harden of arteries
- pain over the heart
- blood vessel disease (phlebitis, etc.)
- any family member had stroke

VERTEBROBASILAR

- double vision / blurred
- loss of coordination
- irregular muscle movement
- ringing in ears
- high blood pressure
- areas of muscle weakness
- dizziness with nausea
- dizziness without nausea
- fainting spells
- loss of memory
- inability to form words
- had a stroke
- periods of blindness

WOMEN ONLY

- painful period
- spotting
- vaginal discharge
- premenstrual symptoms
- irregular periods
- birth control
- lumps in breast
- # pregnancies _____
- # deliveries _____

MUSCULOSKELETAL

HEAD

- frequent headache
- severe headache
- head feels heavy
- vertigo
- light headedness
- loss of smell
- loss of taste
- loss of balance
- dizziness

NECK

- neck pain / stiffness
- neck pain with movement
- swelling in neck
- pinched nerve in neck
- neck feels out of place
- muscle spasms in neck
- grinding sounds in neck
- popping sounds in neck

SHOULDERS

- pain in shoulder
 - R-L-Both
- pain across shoulders
- tension in shoulders
- muscle spasms in shoulders
- can't raise arm Rt / Lt
 - above shoulder level
 - over head

ARMS & HANDS

- pain in upper arm
 - R-L-Both
- pain in forearm
- pain in hand R-L-Both
- pain in fingers R-L-Both
- sensation of pins & needles
 - arms
 - in fingers
- fingers go to sleep
- cold hands
- swollen joints in fingers
- sore joints in finger
- loss of grip strength
 - R - L- Both

MIDBACK

- mid back pain
- sharp stabbing pain
- dull ache
- pain front to back
- pain kidney area
- muscle spasms in mid back area

LOWBACK

- low back pain
- back feels out of place
- muscle strains

HIPS, LEGS & FEET

- pain in buttocks
- pain down leg R-L-Both
- knee pain R-L-Both
- leg cramps R-L-Both
- pins & needles in legs
- numbness in legs /toes

- cold feet
- swollen ankles / feet

SKIN/NAILS/HAIR

- eczema
- itchy / dry skin
- dry scalp
- psoriasis
- yellow skin
- bruise easily
- pale skin

EYES

- blurring of vision
- double vision
- eyes fatigue easily
- excessive tearing
- lack of tearing
- light bothers eyes
- excessive itching
- pain in eyeball

EARS

- loss of hearing
- pain in ears
- ear infections
- discharge from ears
- vertigo
- ringing in ears

NOSE NASOPHARYNX SINUSES

- unusual nasal discharge
- nose bleeds
- pressure over eyes
- pressure under eyes
- obstruction of nose
- frequent colds
- sinusitis
- nasal allergies
- loss of sense of smell

MOUTH AND THROAT

- pain in mouth
- pain of throat
- bleeding gums
- cavities
- abscessed teeth
- difficulty swallowing
- changes in voice

VENERAL DISEASE

- AIDS
- syphilis
- gonorrhea
- other

RESPIRATORY

- shortness of breath

- can't breathe while lying down
- can't sleep while lying down
- dry cough
- productive cough
- coughing up blood
- wheezing
- asthma / bronchitis

GASTROINTESTINAL

- poor appetite
- indigestion / heartburn
- can't eat some foods
- nausea & vomiting
- jaundice
- abdominal pain
- change in bowel habit
- diarrhea
- constipation
- hemorrhoids

GENITOURINARY

- Urination is: frequent
 - normal
 - infrequent
- Urine amount is:
 - high
 - normal
 - low
- need to get up at night to urinate
- abnormal intense desire to urinate
- difficulty starting urination
- decreased output
- pain urinating
- dribbling
- blood in urine
- cloudy urine
- lack of bladder control
- prostate problems (male)

SOCIAL HISTORY

- smoking / tobacco use
- alcohol use
- Diet is: balanced
 - not balanced
- Sleep is: sufficient
 - insufficient
- Exercise is: sufficient
 - insufficient
- My family stress is:
 - severe
 - moderate
 - minimal
- How do you like your work?
 - very much
 - it's ok
 - hate it
- My job stress is: severe
 - moderate
 - minimal
 - nervousness
 - fatigue
 - depression
 - generally feel run-down