## **CASE HISTORY**

ADDRESS  CITY STATE ZIP PHONE  CELL S.\$ # BIRTHDATE AGE SEX MARITAL STATUS M S W D REFERRED BY PERSON RESPONSIBLE FOR THIS ACCOUNT EMAIL WHAT IS YOUR MAJOR COMPLAINT? HOW LONG HAVE YOU HAD THIS CONDITION? HAVE YOU HAD THIS OR A SIMILAR CONDITIONS IN THE PAST? WHAT ACTIVITIES AGREEVATE THIS CONDITION?  MY CONDITION IS GETTING WORSE BETTER NO CHANGE IS THIS CONDITION INTERFERING WITH YOUR WORK SLEEP DAILY ROUTINE OTHER ARE YOU TAKING ANY NON-PRESCRIPTION DRUGS/SUPPLEMENTS? YES NO IF YES, PLEASE LIST HAVE YOU SEEN ANY OTHER DOCTORS FOR THIS CONDITION?  PECALORY  ARE YOU HAPPY WITH YOUR CURRENT STATE OF HEALTH? YES NO DOCTOR'S DIAGNOSIS ARE YOU HAPPY WITH YOUR CURRENT STATE OF HEALTH? YES NO IF NO, WHY?  Please fill in the bubble that corresponds to the pain levels for each complaint. Please indicate your pain levels for (1) your pain at its worst is: No pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible  (2) My pain when it is at its worst is: No pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible  Determ's signature (Indicate if parent/guardian)  Patient's signature (Indicate if parent/guardian)  Date	NAME			DATE	=		
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Patient's signature (Indicate if parent/guardian)  Date	responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees fro professiona						
	Patient's signature (Indicate if parent/gua	rdian) Date	)				

MPORTANT: Please check (X) all present	symptoms.	
HEAD:	MID-BACK:	WOMEN ONLY:
☐ Headache	☐ Mid-back pain	☐ Menstrual pain (where)
☐ sinus (allergy)	☐ Location	_ □ Cramping
□ entire head	□ Pain between shoulder blades	□ Irregularity
☐ back of head	☐ Sharp stabbing	□ Cycle days
☐ forehead	□ Dull Ache	☐ Birth control (type)
□ temples	☐ Pain from front to back	☐ Hysterectomy
	☐ Muscle spasms	☐ Genital cancer
☐ migraine	☐ Pain in kidney area	☐ Discharge
☐ Head feels heavy		☐ Menopause
□ Loss of memory	CHEST:	☐ Tumors
☐ Light-headedness	□ Chest pain	□ Abortions
☐ Fainting	□ Shortness of breath	Are you or do you think you are pregnant?
☐ Light bothers eyes	□ Pain around ribs	
☐ Blurred vision	☐ Breast pain	
□ Double vision	□ Dimpled or orange peel breast	MEN ONLY:
☐ Loss of vision	☐ Irregular heartbeat	☐ Urinary frequency
☐ Loss of taste	ŭ	□ Difficulty in starting
☐ Loss of balance	ABDOMEN:	☐ Night urination
Dizziness	☐ Nervous stomach	☐ Prostate pain/swelling
☐ Loss of hearing		and the state farmenament
☐ Pain in ears	☐ Foods can't eat	GENERAL:
☐ Ringing in ears	□ Nausea	
☐ Buzzing in ears	□ Gas	□ Nervousness
	□ Constipation	☐ Irritable
NECK:	□ Diarrhea	□ Depressed
☐ Pain in neck	☐ Hemorrhoids	☐ Fatigue
☐ Neck pain with movement		Generally feel run-down
□ Forward	LOW BACK:	☐ Normal sleep
☐ Backward	☐ Low back pain	□ Loss of sleep hrs./night
☐ Turn to left	☐ Upper lumbar	☐ Loss of weight lbs.
☐ Turn to right	• •	☐ Gain weight lbs.
□ rum to right	☐ Sacroilliac	☐ Coffee cups/day
☐ Bend to left	Low back pain is worse when:	☐ Tea cups/day
☐ Bend to right	working	☐ Cigarettes pack/day
☐ Pinched nerve in neck	□ lifting ¯	□ Other
☐ Neck feels out of place	☐ stooping	☐ Diabetes
☐ Muscle spasms in neck	□ standing	☐ Hypoglycemia
☐ Grinding sounds in neck	□ sitting	,, ,,
□ Popping sounds in neck	□ bending	REMARKS:
☐ Arthritis in neck	□ coughing	
CHOIL DEBC	☐ lying down (sleeping)	
SHOULDERS:	□ walking	
☐ Pain in shoulder joint (R - L)	☐ Pain relieves when	
☐ Pain across shoulders	☐ Slipped disk	<del>-</del>
☐ Bursitis (R - L)		
☐ Arthritis (R - L)	☐ Low back feels out of place	
☐ Can't raise arm	☐ Muscle spasms	
□ above shoulder level		
□ over head		
☐ Tension in shoulders	HIPS, LEGS & FEET:	
☐ Pinched nerve in shoulder (R - L)	☐ Pain in buttocks (R - L)	
☐ Muscle spasms in shoulders	☐ Pain in hip joint (R - L)	
•	☐ Pain down leg (R - L)	
ARMS & HANDS:	☐ Pain down both legs	
☐ Pain in upper arm	☐ Knee pain	
□ Pain in apper aim	□ Inside	
	□ Outside	
☐ Movement aggravated	☐ Leg cramps	
☐ Tennis elbow	☐ Cramps in feet (R - L)	
☐ Pain in forearm	☐ Pins & needles in legs (R - L)	
☐ Pain in hands	□ Numbness of leg (R - L)	
☐ Pain in fingers	□ Numbness of feet (R - L)	
☐ Sensation of pins & needles in arms	□ Numbness of toes	
☐ Sensation of pins & needles in fingers	☐ Feet feel cold	
□ Numbness in arms (R - L)	Swollen ankles (R - L)	
□ Numbness in fingers (R - L)		

☐ Swollen feet (R - L)

☐ Fingers go to sleep
☐ Hands cold
☐ Swollen joints in fingers
☐ Sore joints in fingers
☐ Arthritis in fingers
☐ Loss of grip strength

REV 11/94