

Consultation History

Patient Name _____ Date _____

What have you heard about chiropractic or chiropractic treatment? Positive Negative?

Explain _____

Have you had chiropractic care? Y N How was your experience? Good Bad?

How long has it been since your last adjustment? _____

List all physical complaints over the last 6 months:

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Upper back pain | <input type="checkbox"/> Mid back pain |
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Leg pain | <input type="checkbox"/> Ankle pain |
| <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Elbow pain | <input type="checkbox"/> Wrist pain | <input type="checkbox"/> Nerve problems |

Other complaints: Is there any other health problems that you wish you could get rid of, even if you never considered a chiropractor could help?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Hormone problems | <input type="checkbox"/> Sinus/ Congestion | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Prior sports injuries | <input type="checkbox"/> Tired/fatigued | <input type="checkbox"/> Arthritis pain | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Digestive trouble | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol |

Trauma History

Before you began to suffer from these problems, were there any earlier accidents, or physical stress that may have injured your spine or nervous system? Like a video in reverse describe any prior traumas below.

List all auto accidents _____

Sports you have played and any injuries you can remember _____

Can you remember any lifting strains? (moving, picking up heavy items, kids, yard work, etc?) _____

Can you recall any sudden falls on ice, missing steps, or uneven surfaces? _____

Do you remember any childhood injuries like: falls off a bike, playground, playing rough? _____

- What are some contributing stress factors?
- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Time pressures | <input type="checkbox"/> Increase weight gain | <input type="checkbox"/> Job stress | <input type="checkbox"/> Family/kids |
| <input type="checkbox"/> Recent move | <input type="checkbox"/> Divorce/Loss of loved one | | |

Since the time you have been suffering from these problems, what have you tried to do to get rid of your symptoms? Medications Ice/Heat Rest Massage Exercise Chiropractic

Did you know that most drugs only provide “FAST TEMPORARY RELIEF” The problem is that they often fail to fix the problem. Muscles heal within a few days. Ligaments, joints, and nerves don’t.

Do these problems cause you to become frustrated? Y N (If not frustrated then) how does it make you feel? _____

Can you think of a time when these problems were at their worst? In your own words exactly how did it affect you or make you feel? (Ex: irritable, can’t function, severe pain, locked up, tired?)

Does it make you feel older when it is at it’s worst? How old? ___yrs old - current age ____ Older by _____

Functional Questions

The next set of questions will help us understand how these problems are affecting your ability to function in life. This will help us better measure your progress and benefits of care.

When your problems are really bad how do these health problems make it hard to do the following?

Your job? _____

Work around the house, or yard? _____

Would you say you are less productive? Y N Take more breaks? Y N Take time off? Y N

What hobbies or interests do you have outside of work? _____

Is there anything else you would do more of or just enjoy more if it wasn’t for these conditions?

When your problems are at their worst how could it affect your relationships with family & friends?

Less fun to be around Irritable/Cranky Left Alone/Antisocial Depressed Tired/worn out

Did you know that most healing occurs when we sleep? Since sleep is also essential for a proper immune system please check off the answers that most describe your sleep.

	Yes	No	
1. Trouble falling asleep due to being uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Not enough restful sleep	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Awaking in the middle of the night	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Waking earlier than you normally would	<input type="checkbox"/>	<input type="checkbox"/>	_____

With Sleep problems this would complicate the case because you must sleep in order to fully heal.

So this problem has been going on for _____ days _____ weeks _____ months _____ years.

What do you think will happen if you let it go? Same Better Worse **In most cases when we let a problem go undetected and uncorrected it will get worse.** (think about rust corrosion on your car).

So taking into consideration what we have discovered so far, do you see there is a real need for change the way you have been dealing with these problems? Y N **Let’s hope we can help you.**

On a scale from 1-10, ten being the highest, rate your commitment to getting rid of these problem? _____

Assuming we can help you, is there anything preventing you from getting these problems taken care of?

money insurance coverage time (job hours) _____ commitment