

# MILLS CHIROPRACTIC CENTER CASE HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 H.PHONE (\_\_\_\_) \_\_\_\_\_ W.PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
 REFERRED BY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 MARITAL STATUS:    S   M   D   W                      SPOUSE'S NAME \_\_\_\_\_  
 SPOUSE'S OCCUPATION \_\_\_\_\_ # OF CHILDREN & AGES \_\_\_\_\_  
 HAVE YOU EVER RECEIVED CHIROPRACTIC CARE?    \_\_\_\_ YES    \_\_\_\_ NO

## ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur that damage your health. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health.

### LOSS OF WELLNESS

Let's begin at birth when you first damaged your nerve system, lost your wellness and began your journey to ill health.

			PATIENT'S COMMENTS if answer is YES	CHIROPRACTOR'S Comments
<b>YES</b>	<b>NO</b>			
<b>1. BIRTH PROCESS</b>				
_____	_____	Was your delivery long or difficult?	_____	_____
_____	_____	Forceps or suction used?	_____	_____
_____	_____	Caesarean?	_____	_____
_____	_____	Breach?	_____	_____
_____	_____	Was labor induced or drugs given?	_____	_____
<b>2. GROWTH AND DEVELOPMENT (BIRTH THROUGH TEENAGE YEARS)</b>				
_____	_____	Did you ever fall out of bed?	_____	_____
_____	_____	Did you have childhood sickness?	_____	_____
_____	_____	Did you have accidents or broken bones?	_____	_____
_____	_____	Did you have surgery?	_____	_____
_____	_____	Did you take drugs?	_____	_____
_____	_____	Did you experience child abuse?	_____	_____
_____	_____	Chair pulled out when sat down?	_____	_____
_____	_____	Did you fall down stairs?	_____	_____
_____	_____	Did you have other traumas?	_____	_____
<b>YES</b>	<b>NO</b>			
<b>3. LOSS OF WHOLE BODY HEALTH</b>				
_____	_____	Did / do you smoke?	_____	_____
_____	_____	Did / do you drink any alcohol?	_____	_____
_____	_____	Diet (do you eat healthy foods?)	_____	_____
_____	_____	Did / do you exercise?	_____	_____
_____	_____	Have you been in accidents (work/auto)?	_____	_____
_____	_____	Have you had surgery & organs removed / replaced?	_____	_____
_____	_____	Did/ do you take medications?	_____	_____
_____	_____	Did / do you have occupational stress?	_____	_____
_____	_____	Did / do you have physical stress?	_____	_____
_____	_____	Did / do you have mental stress?	_____	_____
_____	_____	Did / do you have sports injuries?	_____	_____

## PRIMARY REASON FOR CONSULTING OFFICE

Finally, the years of continuing damage showed up as acute or chronic symptoms.

Present complaint \_\_\_\_\_

Pain or problem started on \_\_\_\_\_

Pains are: \_\_\_\_\_ SHARP \_\_\_\_\_ DULL \_\_\_\_\_ CONSTANT \_\_\_\_\_ INTERMITTENT

Intensity: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10

Frequency: \_\_\_\_\_ Daily \_\_\_\_\_ 2-3 times weekly \_\_\_\_\_ Sporadic

Is this condition worse at certain times of the day? \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ During Sleep \_\_\_\_\_ All

Is this condition interfering with \_\_\_\_\_ work? \_\_\_\_\_ sleep? \_\_\_\_\_ routine? \_\_\_\_\_ hobbies \_\_\_\_\_ other?

Is this condition getting progressively worse? \_\_\_\_\_ Other doctors seen for this? \_\_\_\_\_

Are you using any home remedies? \_\_\_\_\_

**DOCTOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER SYMPTOMS:

<input type="checkbox"/> HEADACHES	<input type="checkbox"/> PINS & NEEDLES IN LEGS	<input type="checkbox"/> LOSS OF SMELL
<input type="checkbox"/> NECK PAIN	<input type="checkbox"/> NUMBNESS IN FINGERS	<input type="checkbox"/> LOSS OF TASTE
<input type="checkbox"/> SLEEPING PROBLEMS	<input type="checkbox"/> FEVER	<input type="checkbox"/> DIARRHEA
<input type="checkbox"/> BACK PAIN	<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> FEET COLD
<input type="checkbox"/> NERVOUSNESS	<input type="checkbox"/> FATIGUE	<input type="checkbox"/> HANDS COLD
<input type="checkbox"/> TENSION	<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> STOMACH UPSET
<input type="checkbox"/> IRRITABILITY	<input type="checkbox"/> LIGHT BOTHER EYES	<input type="checkbox"/> CONSTIPATION
<input type="checkbox"/> CHEST PAIN	<input type="checkbox"/> LOSS OF MEMORY	<input type="checkbox"/> DIZZINESS
<input type="checkbox"/> NECK STIFF	<input type="checkbox"/> EARS RING	<input type="checkbox"/> LOSS OF BALANCE
<input type="checkbox"/> NUMBNESS IN TOES	<input type="checkbox"/> FAINTING	<input type="checkbox"/> OTHER SYMPTOMS

Have you been under medical care recently or for this problem? \_\_\_\_\_

Have you been taking prescriptive or non-prescriptive drugs? \_\_\_\_\_

Have you had surgery? \_\_\_\_\_ Any side effects from drugs or surgery? \_\_\_\_\_

Is there a family history of:

HEART DISEASE      ARTHRITIS      CANCER      DIABETES      OTHER \_\_\_\_\_

Father's side      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Mother's side      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

### Which health topics most interest you?

<input type="checkbox"/> Wellness Topics	<input type="checkbox"/> Diet and Nutrition	<input type="checkbox"/> Exercise and Fitness
<input type="checkbox"/> Stress Management	<input type="checkbox"/> Children Health Issues	<input type="checkbox"/> Women's Health Issues
<input type="checkbox"/> Headaches and Neck Pain	<input type="checkbox"/> Backaches and Sciatic	<input type="checkbox"/> General Health Information

## ABOUT YOUR CARE

Chiropractic provides three types of care. The first is **Initial Intensive Care**, which corrects the most recent layer of spinal and neurological damage (VSC). This care usually reduces or eliminates the symptoms. Then begins **Reconstructive Care**, which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.