



### 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 SPOUSES NAME \_\_\_\_\_  
 SPOUSES 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 which damage your health. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

### 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 COMMENT If answer is YES	CHIROPRACTOR'S Comments
YES	NO			
		<b>1. BIRTH PROCESS</b>		
_____	_____	Did your mother experience any falls/injuries during pregnancy?	_____	_____
_____	_____	Was the delivery long?	_____	_____
_____	_____	Was the delivery difficult?	_____	_____
_____	_____	Forceps used?	_____	_____
_____	_____	Cesarean?	_____	_____
_____	_____	Breach?	_____	_____
_____	_____	Home birth?	_____	_____
_____	_____	Hospital birth?	_____	_____
_____	_____	Mother given drugs during delivery?	_____	_____
_____	_____	Was labor induced?	_____	_____
		<b>2. GROWTH AND DEVELOPMENT (BIRTH THROUGH TEENAGE YEARS)</b>		
_____	_____	Were you taught how to care for your spine?	_____	_____
_____	_____	Did you roll out of bed?	_____	_____
_____	_____	Did you have childhood sickness?	_____	_____
_____	_____	Did you have accidents?	_____	_____
_____	_____	Did you have surgery?	_____	_____
_____	_____	Did you take drugs?	_____	_____
_____	_____	Did you experience child abuse?	_____	_____
_____	_____	Did you experience severe spanking?	_____	_____
_____	_____	Did you have your ear/chin pulled?	_____	_____
_____	_____	Chair pulled out when sat down?	_____	_____
_____	_____	Did you fall down stairs?	_____	_____
_____	_____	Where you yanked by your arm?	_____	_____
_____	_____	Did you have other traumas?	_____	_____

YES NO

3. LOSS OF WHOLE BODY HEALTH

Form with 12 rows of questions: Did/ do you smoke?, Did/ do you drink any alcohol?, Diet (Do you eat healthy foods?), Have you been in accidents?, Have you had surgery & organs removed/ replaced?, Did/ do you take drugs prescriptive or non-prescriptive?, 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: 1-10, Frequency: Daily, 2-3 times weekly, Sporadic, Is this condition worse at certain times of the day?, Is this condition interfering with work?, sleep?, routine?, other?, Is this condition getting progressively worse?, Other doctors seen for this?, Are you using any home remedies?

OTHER SYMPTOMS:

Grid of symptoms: HEADACHES, NECK PAIN, SLEEPING PROBLEMS, BACK PAIN, NERVOUSNESS, TENSION, IRRITABILITY, CHEST PAIN, DIZZINESS, FACE FLUSHED, NECK STIFF, PINS & NEEDLES IN LEGS, NUMBNESS IN FINGERS, NUMBNESS IN TOES, SHORTNESS OF BREATH, FATIGUE, DEPRESSION, LIGHT BOTHER EYES, LOSS OF MEMORY, EARS RING, FEVER, FAINTING, LOSS OF SMELL, LOSS OF TASTE, DIARRHEA, FEET COLD, HANDS COLD, STOMACH UPSET, CONSTIPATION, COLD SWEATS, LOSS OF BALANCE, BUZZING IN EARS, 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

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.