

**PLEASE COMPLETE ALL QUESTIONS**

Reasons for seeking Chiropractic/Acupuncture Care \_\_\_\_\_  
 Describe your problem and how long have you had them \_\_\_\_\_

Are you under the care of any other physician(s)    yes    no  
 If yes, please list the doctors you are seeing, the conditions being treated and your progress to date \_\_\_\_\_

Have you lost work from this condition    yes    no    if yes, give dates: From \_\_\_\_\_ to \_\_\_\_\_

List any current medications \_\_\_\_\_

List past surgeries and dates \_\_\_\_\_

List x-rays you have had in the past 2 years \_\_\_\_\_

**CHIROPRACTIC HISTORY**

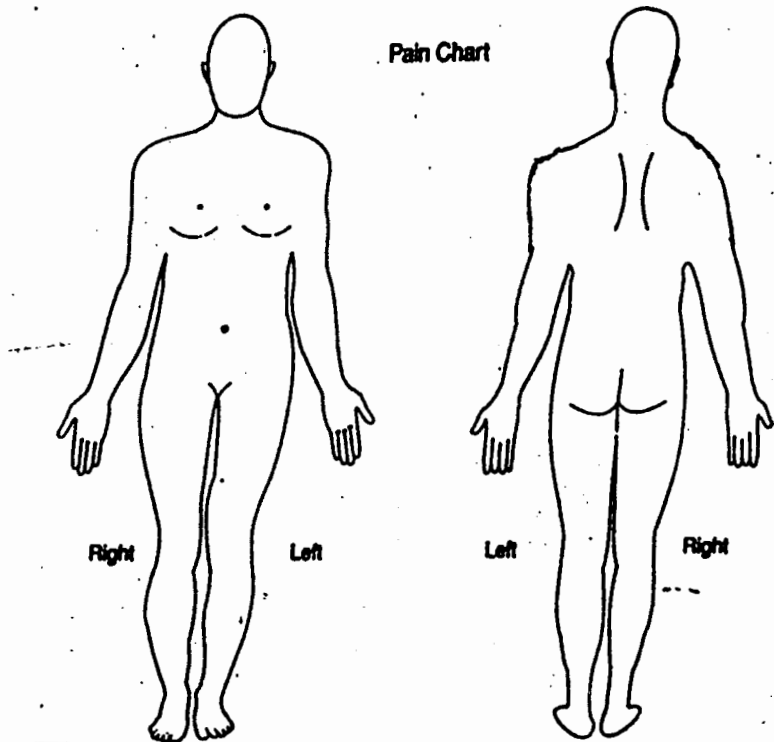
Have you ever been to a chiropractor before?    yes    no    if yes list Dr.'s name \_\_\_\_\_

Date of last Chiropractic visit \_\_\_\_\_    Condition treated \_\_\_\_\_

Date of last Chiropractic s-rays \_\_\_\_\_    How long were you under care? \_\_\_\_\_

**FEMALES:**    Is there a possibility of you being pregnant    yes    no

**PLEASE CIRCLE PROBLEM AREA(S)**



**ON A SCALE OF 1-10, PLACE THE NUMBER THAT CORRESPONDS TO YOUR PAIN LEVEL INSIDE THE CIRCLE**

<b>LOW PAIN</b>	<b>1-3</b>
<b>MODERATE PAIN</b>	<b>4-6</b>
<b>INTENSE PAIN</b>	<b>7-9</b>
<b>EMERGENCY</b>	<b>10</b>