CONFIDENTIAL PATIENT INFORMATION
FOR CHICAGO HEALTH AND PHYSICAL THERAPY CENTER

All patient information is confidential and is released to others only with you approval. Answering all questions completely helps the doctor determine the extent of your health problems and verifies that they have a chiropractic solution. If we do not sincerely believe that we can help you, we will help you find someone who can.

Name_____

Address_____city_____state_____zip_____

Home phone_____Cell Phone_____

Email_____

SS#_____ _____ _____ Drivers Lic. #_____

Occupation_____Employer_____

Work Address_____Work Phone_____

Spouse Name_____Occupation_____

Spouse Employer_____Work Phone_____

Nearest Relative_____Phone_____Cell Phone_____

How did you hear about our Practice?_____ _____

List the primary reason for your appointment-
include specific areas of pain or discomfort and all recent injuries and the dates of occurance.

_____

_____

_____

Over the past_____days weeks months y ears. My health problems have been (circle one)
Rapidly getting worse Gradually getting worse Staying about the same Getting better
Comments_____

I would describe my symptoms as (circle all that apply) Constant - Frequeint - Intermittent - Occasional - Severe - Moderate - Mild - Stabbing - Sharp - Dull - Aching - Burning - Other_____
I have tried the following solutions for this problem

_____
I am tryig Chiropractic first to correct the problem

List other doctors consulted for these health problems:
Name_____Diagnosis_____Treatment_____

How long did you see this doctor?_____ frequency_____Results_____

Name_____Diagnosis_____Treatment_____

How long did you see this doctor?_____ frequency_____Results_____

Present family Doctor?_____

Date of last Physical Exam_____Doctor?_____ _____

What surgeries have you had? Type / when / doctorremarks_____

_____

List all previous serious accidents, serious falls, all broken bones (auto, work, home, leisure, sports, other-circle one.
What / when / symptoms / treatments

results_____

_____

List all diet supplements, prescription drugs, and non-prescription drugs you take regularly and the reason taken.
What / frequency / doctors / side effects / remarks_____

_____

Environment

Work Please circle appropriate answer: .Seated Standing - Work Bench - Desk - Counter - Other_____

Job requires: Physical exertion - Lifting - Bending - Stooping - Twisting - Carrying - Walking Standing -

Other_____

Chair: Executive - Steno - Bench - Stool - Folding Other_____**Shoes:** High heels - Boots - Other_____

Lesiure:

Sendentary activities: Standing - seated - Lying - TV - Reading - Card games - Sewing - Other

(describe)_____

Strenuous activities: Exercise. Describe type, frequency and length of time._____
_____

Sports Describe type, frequency and length of time._____

_____

If you have discontinued any activities, why?_____

Do you physically exert yourself? Frequently - Occasionally - Rarely - Never (describe below)

_____

What else should the doctor know about your health and your health history?

_____

For office use only. DO NOT WRITE IN THIS BOX