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 ______________________________ Number of Children and 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 expression. 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.

Yes	No		Patient Comment if answer is Yes	Chiropractor's Comments
		1. Birth Process		
❑	❑	Was the delivery long?		
❑	❑	Was the delivery difficult?		
❑	❑	Forceps?		
❑	❑	Caesarean?		
❑	❑	Breach/cephalic?		
❑	❑	Home birth?		
❑	❑	Hospital birth?		
❑	❑	Mother given drugs during delivery?		
❑	❑	Was labor induced?		
		2. Growth and Development		
❑	❑	Were you taught how to care for your spine?		
❑	❑	Did you fall out of bed?		
❑	❑	Were you a headbanger or rocker?		
❑	❑	Were you breast fed?		
❑	❑	Childhood sicknesses?		
❑	❑	Accidents?		
❑	❑	Surgery?		
❑	❑	Drugs?		
❑	❑	Did you fall while learning to walk?		
❑	❑	Were you picked on by siblings?		
❑	❑	Child abuse		
❑	❑	Spanking (how?)		
❑	❑	Pulled ear/chin		
❑	❑	Other		
❑	❑	Chair pulled out when sat down?		
❑	❑	Did you fall down stairs?		
❑	❑	Were you yanked by your arm?		
❑	❑	Did you have other traumas? What? When?		

Yes	No	3. Current Health Habits		
❑	❑	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 and organs removed/replaced?		
❑	❑	Drugs? (Prescriptive or non-prescriptive)		
❑	❑	Teeth problems?		
❑	❑	Eye problems?		
❑	❑	Hearing problems?		
❑	❑	Exercise regularly?		
❑	❑	Sleeping habits (nightmares?)		
❑	❑	Did/do you have occupational stress?		
❑	❑	Physical stress?		
❑	❑	Mental stress?		
❑	❑	Hobbies / Sports injuries?		
❑	❑	Sleeping posture ❑ side ❑ stomach ❑ back		

Symptoms and Ill Health (Present State of Ill Health)

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

Present Complaint (be brief)

Major

Pain or Problem started on

Pains are: ❑ Sharp ❑ Dull ❑ Constant ❑ Intermittent

What activities aggravate your condition/pain?

What activities lessen your condition/pain?

Is condition worse during certain times of the day?

Is this condition interfering with work? Sleep? Routine? Other?

Is condition getting progressively worse?

Other Doctors seen for this condition

Any home remedies?

Other symptoms:

❑ Headaches	❑ Pins & Needles in Legs	❑ Fainting
❑ Neck Pain	❑ Pins & Needles in Arms	❑ Loss of Smell
❑ Sleeping Problems	❑ Numbness in Fingers	❑ Loss of Taste
❑ Back Pain	❑ Numbness in Toes	❑ Diarrhea
❑ Nervousness	❑ Shortness of Breath	❑ Feet Cold
❑ Tension	❑ Fatigue	❑ Hands Cold
❑ Irritability	❑ Depression	❑ Stomach Upset
❑ Chest Pains	❑ Lights Bother Eyes	❑ Constipation
❑ Dizziness	❑ Loss of Memory	❑ Cold Sweats
❑ Face Flushed	❑ Ears Ring	❑ Loss of Balance
❑ Neck Stiff	❑ Fever	❑ Buzzing in Ears

Have you been under drug and medical care?

What medications are you taking?

How Long? Have you had surgery? What? When?

What side effects have you experienced from the drugs and 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. Ten you’ll be able to begin a course of care that fits your health goals.