

REQUIRED FOR YOUR CASE HISTORY FILE Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____ Cell
Phone: _____ E-mail: _____ Birth Date: _____ Gender: M F
Marital Status: Single Married Divorced Widowed # of Children: _____ Social Security Number: _____
Driver's License #: _____ Employer: _____ Phone Number: _____
Occupation: _____ Employers Address: _____ City: _____ State: _____
Zip Code: _____ Spouses Last and First Name: _____ Cell #: _____ Occupation: _____ Spouses
Employer: _____ Spouses Employer Phone Number: _____ Employers Address: _____
City: _____ State: _____ Zip Code: _____

HEALTH INSURANCE INFORMATION

Insurance Name: _____ ID#: _____ GRP#: _____ Address: _____
Phone Number: _____

AUTOMOBILE INSURANCE INFORMATION

Insurance Name: _____ Phone Number: _____ Fax#: _____
Address: _____ City: _____ State: _____ Zip: _____ Name of Adjuster: _____
Claim #: _____ Did your accident occur while at work?: Yes No Date of Injury: _____
Were you involved in an automobile accident? Yes No Date of Accident: _____

SYMPTOMS:

HEAD:

- Headache
 - entire head
 - back of head
 - forehead
 - temples
 - migraine
- Head feels heavy
- Loss of memory
- Lightheadedness
- Fainting
- Lights bother the eyes.
- Loss of smell
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing in ears
- Buzzing in ears

NECK:

- Pain in neck
- Pain with movement
- Pinched nerve
- Neck feels out of place
- Stiff neck
- Muscle Spasm

LOW BACK:

- Low back pain
- Low back pain is worse when:
 - working
 - lifting
 - shopping
 - standing
 - sitting
 - bending
 - coughing
- Pinched nerve in low back
- Slipped disc
- Low back feels out of place
- Muscle spasms
- Arthritis

MID-BACK:

- Mild Back pain
- Pain between shoulder blades
- Sharp pain stabbing pain
- Muscle spasms

ABDOMEN:

- Nervous stomach
- Nausea
- Gas
- Constipation
- Diarrhea

SHOULDERS:

- Pain in shoulder joint (R-L)
- Pain across shoulders
- Bursitis (R-L)
- Arthritis (R-L)
- Can't raise arm
 - above shoulder level
 - over head
- Tension in shoulder (R-L)
- Muscle spasms in shoulders

ARM & HANDS:

- Pain in upper arms
- Pain in forearms
- Pain in hands
- Pain in fingers
- Pinched nerve in arm, fingers
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Sore joints in fingers
- Arthritis in fingers
- Loss of grip in strength

CHEST:

- Chest pain
- Shortness of breath
- Pain around ribs

HIPS, LEGS & FEET:

- Pain in buttocks (R-L)
- Pain in hip joint (R-L)
- Pain down in leg (R-L)
- Pain down both legs
- Leg cramps
- Pins and needles in legs (R-L)
- Numbness of leg (R-L)
- Numbness of feet (R-L)
- Numbness in toes
- Feet feel cold
- Cramps in feet (R-L)
- Swollen ankles (R-L)
- Swollen feet (R-L)
- Painful joints in toes
- Pain in foot (R-L)
- Pain in foot (R-L)
- Pain in knee (R-L)

GENERAL:

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run-down
- Loss of sleep
- Loss of weight

Have you had X-Rays before? Yes No When?: _____ What areas were X-rayed?: _____

WOMEN ONLY

Menstrual Pain Cramping Irregularity Date of last period: _____
Are you now pregnant? Yes No Weeks/Months: _____

PAYMENT IS EXPECTED AT TIME OF VISIT, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE

PATIENT'S SIGNATURE: _____