

# Total Health Chiropractic

## Patient History Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phn (\_\_\_\_) \_\_\_\_\_ Cell Phn (\_\_\_\_) \_\_\_\_\_

Cell Phn Carrier (ex: AT&T) \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Single  Married  Divorced  # of children \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phn (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever had Chiropractic Care? \_\_\_\_\_ If Yes, When? \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

List your chief complaints in order of severity (pain, symptoms, ect.):

1. \_\_\_\_\_ For how long? \_\_\_\_\_

2. \_\_\_\_\_ For how long? \_\_\_\_\_

3. \_\_\_\_\_ For how long? \_\_\_\_\_

Currently or in the past have you ever experienced any of these complaints while working? Yes  No

If yes, please describe what activities at work may be causing you to experience these complaints?  
\_\_\_\_\_

Have you at any time in the past ever suffered a work injury? Yes  No  Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you report it to your employer? Yes  No

Have you been involved in an auto accident in the last 12 months? Yes  No  Date of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_

Are there any other activities, incidents, or events outside of work that may have caused these complaints? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had any surgeries or hospitalizations? Yes  No  If yes, please list \_\_\_\_\_

Please list any injuries that you have had that are not listed above \_\_\_\_\_

Please indicate any medications (over the counter/ prescriptions) you are currently taking:

Aspirin, Tylenol, Ibuprofen  Muscle Relaxants  Tranquilizers  Birth Control  Blood Pressure

Asthma or Allergy Meds  Others \_\_\_\_\_

Method of payment for today's charges:  CASH  CHECK  CREDIT CARD  INSURANCE

1. All first visit charges are payable when services are rendered.
2. If X-rays are taken, the fee paid is for analysis only. California's State Law requires we maintain your x-rays. The film itself is property of this office. Films may be loaned to another facility with authorization only.

Patient Signature (Guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_