

PERSONAL HISTORY

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone No _____ Social Security No _____ Age _____
Date of Birth _____ Sex M F Married Singles Divorced Widow/Widower

EMPLOYMENT INFORMATION

Employer _____ Address _____
City _____ State _____ Zip _____ Telephone No _____

YOUR SPOUSE'S INFORMATION (if applicable)

Spouse Name _____ Social Security No _____ Date of Birth _____
Employer _____ Address _____
City _____ State _____ Zip _____ Telephone No _____
Nearest Relative of Friend _____ Telephone No _____

PRESENT COMPLAINT:

If accident, please check the following: Auto Work Fall Other _____
Date of accident _____ How & Where _____

Were you involved in any other accident in the past 2 years? _____
If so, describe the following: Date of accident _____ How & Where _____

INSURANCE INFORMATION

Insurance Coverage: _____ Policy No, OR ID No: _____

HEALTH HISTORY

Name of family physician: _____ Address _____
Past operations, if any: _____

Women: Are you pregnant? Yes No Possible
Have you had previous chiropractic care? Yes No if yes, explain with whom, what were treated for and how long

CIRCULE LA AREA DONDE TENGA DOLOR**CIRCLE AREA OF PAIN**

Dolor de cabeza	1	Headaches
Cabeza libiana	16	Lightheadedness
Episodios de mareos	21	Episodes of dizziness
Balase perdido	23	Loss of balance
Dificultades durniendo	24	Difficulty sleeping (insomnia
Nervios	27	Nervousness
Dolor en el cuello, constante y severo	44	Neck pain, constant and severe
Radiacion de dolor al brazo derecho	52	Radiation of pain to right arm
Radiacion de dolor al brazo izqllierdo	53	Radiation of pain to left arm
Radiacion de dolor a los dos brazos	54	Radiation of pain to both arms
Dolor en el hombro derecho	55	Painful right shoulder
Dolor en el hombro izquierdo	56	Painful left shoulder
Dolor dorsal	67	Dorsal pain (between shoulder blades)
Debilidad en los brazos	91	Weakness in both arms
Dolor de pecho	100	Chest pain
Dificultades respirando	103	Difficulty breathing
Dolor abdominal	108	Abdominal pain
Dolor en la cintura	109	Low back pain
Dificultades doblandose	113	Difficulty bending
Dificultades parandose	114	Difficulty standing
Dificultades sentandose	115	Difficulty sitting
Dificultades caminando	116	Difficulty walking
Radiacion de dolor a la piema derecha	118	Radiation of pain to right leg
Radiacion de dolor a la piema izquierda	119	Radiation of pain to left leg
Radiacion de dolor en las dos piemas	120	Radiation of pain to R and L legs
Adonnec~ento en las dos piemas	129	Pain and numbness R and L legs
Debilidad en toda la parte baja	134	Weakness in lower extremity
Calambre en las piemas	135	Leg cramps
Dolor en la rodil la derecha	144	Knee pain, right
Dolor en la rodilla izquierda	145	Knee pain, left
Dolor en el tobillo derecho	147	Ankle pain, right
Dolor en el tobillo izquierdo	148	Ankle pain, left
Radiacion de dolor en los dos muslos	152	Radiation of pain to R and L thighs
Radiacion de dolor en el tracero	155	Radiation of pain to R and L gluteal re
Radiacion de dolor en la parte alta de los dos brazos	158	Radiation of pain to R and L upper arms

Otro - Porfavor explique

Other – Please specify

Firma: _____

Signature: _____