In Touch Chiropractic Patient History (Please print, All information is confidential.)

Loss of ConcentrationTonsilitis RESPIRATORY Prev. Miscarriages? Y Loss of MemorySinus TroubleChronic Cough		City:		Doctal Codo:
Preferred E-mail Address: Sex: M F T Marital Status: Birthdate: # of Children: Cocupation: Employer: Do you have extended insurance coverage? Yes No FOR PRESENT CONDITIONS MARK AN 'X', FOR PAST CONDITIONS MARK AN 'O' MUSCLE AND JOINT GENERAL GASTROINTESTINAL CARDIOVASCULAR Neck Pain Fever/Chills/Sweat Mid Back Pain Fainting Belching or Gas Slow Heart Beat Low Back Pain Convulsions Nausea or Vomiting High Blood Press Shoulder Pain Allergies Pain Over Stomach Low Blood Press Shoulder Pain Allergies Pain Over Stomach Low Blood Press Shoulder Pain Convulsions Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Swelling Over An Faulty Posture Tremors Liver Trouble Headaches Cancer Heartburn Diarrhea Blood Trouble Steadaches HIV Dizziness Diarrhea Blood Stools Heart Attacks' Poor Circulation? STRESS SYMPTOMS Pollo Bloody Stools Heart Attacks' Poor Circulation? STRESS SYMPTOMS Pollo Bloody Stools Heart Attacks' Poor Circulation? STRESS SYMPTOMS Pollo Bloody Stools Worken ONLY: Painful Urination Waking to Urinate Blood in Urine Increased Urination Increased Menopause? Y Prev. Miscarriages?				
Sex: M F T Marital Status:	Preferred Phone Number	er:	Alternate Phone Numb	oer:
Do you have extended insurance coverage?	Preferred E-mail Addres	SS:		
Do you have extended insurance coverage?				# of Children:
FOR PRESENT CONDITIONS MARK AN 'X', FOR PAST CONDITIONS MARK AN 'O' MUSCLE AND JOINT GENERAL Neck Pain Fever/Chills/Sweat Mid Back Pain Fainting Belching or Gas Low Back Pain Convulsions Nausea or Vomiting High Blood Press Shoulder Pain Allergies Pain Over Stomach Hernia Skin Problems Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Swelling Over Arrhritis Diabetes Gall Bladder Trouble Headaches Cancer Heartburn Diarnhea Mirrigoria SYMPTOMS Polio Bloody Stools Headaches HIV Dizziness Polio Bloody Stools Headaches HIV Dizziness Waking to Urinate Ringing in Ears Ear Aches Blood in Urine Loss of Sleep Asthma Loss of Sleep Asthma Loss of Goncentration Tonsilitis RESPIRATORY Loss of Generation Tonsilitis RESPIRATORY Irritable/Nervousness Depression Depression Chest Pain Pneumonia Tuberculosis List all surgeries: What medications, even non-prescription, are you taking? Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK				
Neck Pain Near Painting Nausea or Vomiting Near Dear Sellow Poor Are Actes Neel Pain Over Are Actes Nome Not Ner. New Nome Not Ner. Near Dear Near New				
NUSCLE AND JOINT Neck Pain Neck Pain Neck Pain Neck Pain Fewer/Chills/Sweat Fainting Belching or Gas Slow Heart Beat Low Back Pain Convulsions Allergies Shoulder Pain Allergies Pain Over Stomach Low Blood Press Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Faulty Posture Tremors Liver Trouble Heartburn Arthritis Diabetes Cancer Headaches Cancer Thyroid Trouble Diarrhea Bloody Stools Headaches HIV Dizziness Numbness in EYES/EARS/ NOSE/THROAT Deafness Blurring of Vision Loss of Sleep Asthma Loss of Concentration Loss of Genetration Loss of Genetration Loss of Genetration Loss of Memory Digritable/Nervousness Depression Low Energy/Fatigue GENERAL GASTROINTESTINAL Difficult Digestion Belching or Gas Slow Heart Beat Convulsions Allergies Slow Blood Press Scheling Over An Los Blood In Urine Bloody Stools URINARY Painful Urination Waking to Urinate Blood in Urine Blood in Urine Increased Urination Loreased Urination Loss of Genetration Loss of Memory Loss of Sleep Asthma Chest Pain Prev. Miscarriages? Y Are you currently pregnat Yes Due Date: No Not Sure List all surgeries: What medications, even non-prescription, are you taking?		• • • • • • • • • •	•••••••	• • • •
Neck Pain Fever/Chills/Sweat Mid Back Pain Fainting Belching or Gas Slow Heart Beat Low Back Pain Convulsions Nausea or Vomiting High Blood Press Shoulder Pain Allergies Pain Over Stomach Low Blood Press Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Syelling Over An Faulty Posture Tremors Liver Trouble Heart Disease Arthritis Diabetes Gall Bladder Trouble Heart Disease Previous Heart Attacks' Poor Circulation? STRESS SYMPTOMS Polio Bloody Stools Headaches HIV Dizziness Waking to Urinate Blurring of Vision Sore Throat Loss of Sleep Asthma Loss of Sleep Asthma Loss of Memory Sinus Trouble Loss all surgeries: What medications, even non-prescription, are you taking? Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK			•	
Mid Back Pain				
Low Back Pain				
Shoulder Pain Allergies Pain Over Stomach Low Blood Press Hernia Skin Problems Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Swelling Over Arrivits Diabetes Gall Bladder Trouble Heart Disease Arthritis Diabetes Gall Bladder Trouble Previous Heart Attacks' Headaches Cancer Heartburn Diarrhea Bloody Stools HIV URINARY Painful Urination Hands/feet Deafness Blurring of Vision Sore Throat Loss of Sleep Asthma Loss of Concentration Tonsilitis RESPIRATORY Loss of Memory Sinus Trouble Depression Low Energy/Fatigue Ringing: Table Visit All Surgeries: List all surgeries: What medications, even non-prescription, are you taking? List your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK				
Hernia Skin Problems Constipation Pain Over Heart Spinal Curvature Colds Colon Trouble Heart Disease Arthritis Diabetes Gall Bladder Trouble Heart Disease Previous Heart Attacks' Poor Circulation? Arthritis Diabetes Gall Bladder Trouble Heartburn Diarrhea Diarrhea Bloody Stools Headaches HIV Women Diarrhea Previous Heart Attacks' Poor Circulation? Bloody Stools Women Only: Painful Urination Painful Urination Previous Heart Attacks' Poor Circulation? Women Only: Painful Menstruation Excessive Flow Cramps/Backache Irregular Abnormal Discharg Painful Urinate Blood in Urine Blurring of Vision Sore Throat Increased Urination Loss of Sleep Asthma Loss of Gencentration Tonsilitis RESPIRATORY Sinus Trouble Chronic Cough Irritable/Nervousness Depression Chest Pain Pneumonia Tuberculosis List all surgeries: What medications, even non-prescription, are you taking? Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK				
Spinal Curvature				
Faulty Posture				
Arthritis	I			
HeadachesCancerHeartburn				
Thyroid Trouble Polio Bloody Stools Headaches HIV Dizziness Numbness in Hands/feet Polio Polio Polio Polio Bloody Stools URINARY Painful Urination Painful Urination Making to Urinate Ringing in Ears Ear Aches Blood in Urine Blurring of Vision Sore Throat Loss of Sleep Asthma Loss of Concentration Irritable/Nervousness Depression Low Energy/Fatigue Thyroid Trouble Polio Bloody Stools WOMEN ONLY: Painful Menstruatio Excessive Flow Cramps/Backache Irregular Abnormal Discharce Passed Menopause? Y Prev. Miscarriages? Y Are you currently pregnat Yes Due Date: Pneumonia Tuberculosis Women ONLY: Painful Menstruatio Excessive Flow Cramps/Backache Irregular Abnormal Discharce Passed Menopause? Y Prev. Miscarriages? Y Are you currently pregnat Yes Due Date: No Not Sure Tuberculosis What medications, even non-prescription, are you taking?				
TRESS SYMPTOMSPolioBloody StoolsBloody StoolsShooling Stools	riedudches			1 ooi circulation:
HeadachesHIV	STRESS SYMPTOMS			WOMEN ONLY:
Dizziness Numbness in EYES/EARS/ NOSE/THROAT hands/feet			Bloody Globis	
Numbness in EYES/EARS/ NOSE/THROATPainful Urination			URINARY	
hands/feet		EYES/EARS/ NOSE/THROAT		
Ringing in EarsEar AchesBlood in UrineAbnormal Discharg		Deafness		·
Blurring of Vision Sore Throat Increased Urination Loss of Sleep Asthma Loss of Sleep Sinus Trouble Sinus Trouble Spitting Blood Depression Low Energy/Fatigue Pneumonia Tuberculosis List all surgeries: Blurring of Vision Sore Throat Increased Urination Passed Menopause? Yare Prev. Miscarriages? Yare Prev. Miscarriages? Yare you currently pregnated Prev. Miscarriages? Yare you currently y		Ear Aches		
Loss of SleepAsthma			Increased Urination	
Loss of ConcentrationTonsilitis RESPIRATORY		Asthma		· ·
Loss of MemorySinus TroubleChronic CoughSpitting BloodYes Due Date:Yes Due Date:NoNot Sure	•	Tonsilitis	RESPIRATORY	
DepressionChest PainYes Due Date:NoNot Sure	Loss of Memory	Sinus Trouble	Chronic Cough	Trevrimesamages 1 11
DepressionChest PainYes Due Date:	Irritable/Nervousness		Spitting Blood	Are you currently pregnant?
List all surgeries: What medications, even non-prescription, are you taking? Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK	Depression		Chest Pain	, , , , ,
List all surgeries: What medications, even non-prescription, are you taking? Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK	Low Energy/Fatigue		Pneumonia	
What medications, even non-prescription, are you taking?			Tuberculosis	
What medications, even non-prescription, are you taking?			•••••••	• • • •
Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK	List all surgeries:			
Is your visit due to an accident, injury, or trauma? Y N If so, was it: AUTO WORK	What medications ever	non-prescription are you	taking?	
	vviiat ilicalcations, ever	Thor prescription, are you		
Briefly Describe the events of the accident:	Is your visit due to an a	ccident, injury, or trauma?	Y N If so, was it: A	UTO WORK
	Briefly Describe the eve	ents of the accident:		
Have you seen any other health care providers for this accident, injury, or trauma? Y N Who?				0.1/ 11/1/1/2

CHIROPRACTIC INSURANCE COVERAGE

Please call your insurer(s) prior to your appointment, and <u>bring this sheet with you</u>. It is required for your patient file.

Date	
I.D#	
_ Plan Number	
your spouse/partn	er?
vide the same in	formation.
YES	NO
YES	NO
YES	NO
visits, % coverage	e, \$ coverage)
?	
TLY. HOWEVER, W	E WILL PROVIDE YOU
CLAIM WITH YOU	R INSURER.
	I.D# Plan Number your spouse/partn vide the same inf YES

