

PREVIOUS BACK PROBLEMS \_\_\_\_\_

Have you seen a chiropractor before? (date, doctor, condition treated) \_\_\_\_\_

Have you had acupuncture before? (date, doctor, condition treated) \_\_\_\_\_

**REASON FOR VISIT** (please describe complaint(s) in detail and in order of severity)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

WHEN DID THIS CONDITION(S) START? \_\_\_\_\_

ARE YOU UNABLE TO DO ANY ACTIVITIES? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

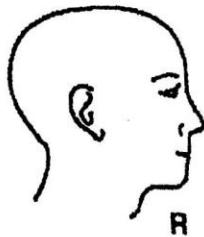
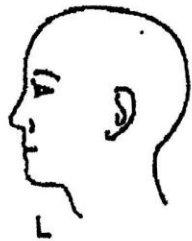
DO YOU KNOW WHAT CAUSED THIS? \_\_\_\_\_

IS THE COMPLAINT RELATED TO AN AUTO ACCIDENT? \_\_\_\_\_ IF SO, WHAT INSURANCE? \_\_\_\_\_

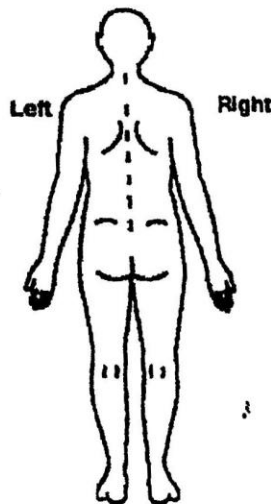
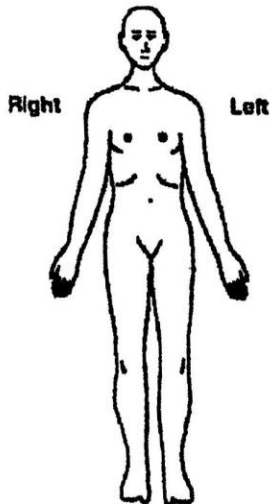
IS THE COMPLAINT WORK RELATED? \_\_\_\_\_ IF SO, HAVE YOU INFORMED YOUR EMPLOYER? \_\_\_\_\_

HAVE YOU BEEN TREATED FOR THIS PROBLEM?(when/where) \_\_\_\_\_

\_\_\_\_\_ IF SO, DID THE TREATMENT HELP? \_\_\_\_\_



<b>PAIN SCALE</b>										
Please circle the level that best describes your pain.										
0	1	2	3	4	5	6	7	8	9	10
MILD			MEDIUM				SEVERE			



Draw an "X" on the diagram to the left in the area of your complaint(s) and a letter describing

- A=achy
- B=burning
- S=stabbing
- N=numbness
- T=tingling

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_