Dolak Family Chiropractic

Confidential Patient Case History

Name_____ Date_____

Street_____ City_____ State_____ Zip_____

Age_____ Occupation__ _____ Employer_____

Spouse's Name_____ Occupation_____ Employer_____

Do you have Health Ins.?_____ Company:_____

Who may we thank for referring you? _____

Reason for today's visit: _____

_____

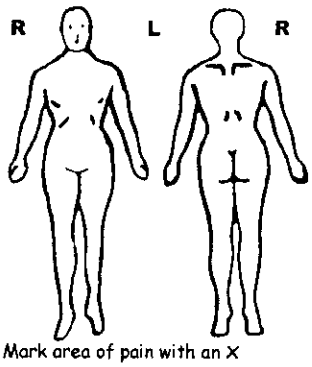
How long have you had this condition? _____

Is your condition due to an auto accident or job related injury? YES__ or NO__

Have you had this or similar conditions in the past? _____ When? _____

Other doctors who treated this condition? _____

How long has it been since you really felt good? _____



Mark area of pain with an X

Health Information

Who is your Primary Care Physician? _____

Have you had previous Chiropractic care? Yes No When? _____ Dr.'s Name_____

What was your major complaint?_____ How long were you treated? _____Months _____ visits

Is there any chance you may be pregnant? Yes No

Have you ever been diagnosed with Cancer? _____ Type? _____

Below is a list of diseases and treatments that may seem unrelated to the purpose of you appointment. However, these questions must be answered carefully as these problems can affect the overall course of chiropractic care.

If you have, or have had, any of the following, please check all that apply:

- ☐ Pneumonia
- ☐ Smallpox
- ☐ Arthritis
- ☐ Thyroid
- ☐ Anemia
- ☐ Allergy Shots
- ☐ Numbness
- ☐ Miscarriage
- ☐ Tuberculosis
- ☐ Mumps
- ☐ Pleurisy
- ☐ Diabetes
- ☐ Measles
- ☐ Stroke
- ☐ AIDS/HIV
- ☐ Headaches
- ☐ Shingles
- ☐ _____
- ☐ Influenza
- ☐ Polio
- ☐ Epilepsy
- ☐ Eczema
- ☐ Heart Disease
- ☐ Sinus Trouble
- ☐ Backache
- ☐ Osteoporosis
- ☐ _____
- ☐ Rheumatic Fever
- ☐ Carpal Tunnel Syndrome
- ☐ Hiatus Hernia
- ☐ Mental Disorders
- ☐ Whooping Cough
- ☐ Digestive Disorders
- ☐ TMJ/Clicking Jaw
- ☐ High Blood Pressure
- ☐ _____