

Case History ADIO Family Chiropractic

(PLEASE PRINT)

Name:		Today's Date:
Address:		City/State/ZIP:
Home Phone:		Work Phone:
Birth Date:	Age:	Social Security #:
Parents'/Guardian's Names:		
Insured's Employer:		Insured's Birth Date:
Sibling's Names and Ages:		
Referred by:		Have you ever received Chiropractic care? Y N

ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, your Chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

LOSS OF WELLNESS

Let's begin at birth when you first damaged your nerve system, lost your wellness and began your journey to ill health.

Yes	No		Patient Comment If answer is Yes	Chiropractor's Comments
1. Birth Process				
___	___	Was the delivery long?	_____	_____
___	___	Was the delivery difficult?	_____	_____
___	___	Forceps or Caesarean?	_____	_____
___	___	Breach/cephalic?	_____	_____
___	___	Home birth?	_____	_____
___	___	Hospital birth?	_____	_____
___	___	Mother given drugs during delivery	_____	_____
___	___	Was labor induced?	_____	_____
2. Growth & Development				
___	___	Were you taught how to care for your spine?	_____	_____
___	___	Did you fall out of bed?	_____	_____
___	___	Were you a head banger?	_____	_____
___	___	Were you breastfed?	_____	_____
___	___	Childhood sicknesses?	_____	_____
___	___	Accidents?	_____	_____
___	___	Surgery?	_____	_____
___	___	Drugs?	_____	_____
___	___	Did you fall while learning to walk?	_____	_____
___	___	Were you picked on by siblings?	_____	_____
___	___	Child abuse?	_____	_____
___	___	Chair pulled out when sat down?	_____	_____
___	___	Did you fall down stairs?	_____	_____
___	___	Were you yanked by your arm?	_____	_____
___	___	Did you have other traumas? What?	_____	_____

Yes	No	3. Current Health Habits	
___	___	Did/do you smoke?	_____
___	___	Did/do you drink alcohol?	_____
___	___	Diet(Do you eat healthy foods?)	_____
___	___	Have you been in accidents?	_____
___	___	Have you had surgery?	_____
___	___	Organs removed/replaced?	_____
___	___	Drugs (prescription or non prescription)?	_____
___	___	Teeth problems?	_____
___	___	Eye problems?	_____
___	___	Hearing problems?	_____
___	___	Exercise regularly?	_____
___	___	Sleeping habits?	_____
___	___	Did/do you have occupational stress?	_____
___	___	Physical stress?	_____
___	___	Mental stress?	_____
___	___	Hobbies/sports injuries?	_____
___	___	Sleeping posture hcamots ^l kcab ^l edis ^l	_____

SYMPTOMS AND ILL HEALTH (PRESENT STATE OF ILL HEALTH)

Finally, the years of continuing damage showed up as acute or chronic symptoms.

Present complaint (be brief)

Major _____

Pain or Problem started on _____

Pains are: ___sharp ___dull ___constant ___intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition interfering with work? _____ sleep? _____ routine? _____ other? _____

Is condition getting progressively worse? _____

Other doctors seen for this condition _____

Any home remedies? _____

Other symptoms:

- | | | |
|-----------------------|----------------------------|---------------------|
| ___ Headaches | ___ Numbness in arms/hands | ___ Fainting |
| ___ Neck pain | ___ Numbness in legs/feet | ___ Loss of smell |
| ___ Sleeping problems | ___ Shortness of breath | ___ Loss of taste |
| ___ Back pain | ___ Fatigue | ___ Diarrhea |
| ___ Nervousness | ___ Depression | ___ Feet cold |
| ___ Chest Pains | ___ Loss of Memory | ___ Hands cold |
| ___ Dizziness | ___ Ears ring | ___ Constipation |
| ___ Neck stiff | ___ Fever | ___ Loss of balance |

Have you been under drug and medical care? _____

What medications are you taking? _____

How long? _____ Have you had surgery? _____ What? _____ When? _____

What side effects have you experienced from the drugs and surgery? _____

ABOUT YOUR CARE

Chiropractic provides three types care. The first is **Initial Intensive Care** which corrects the most recent layer of Spinal and Neurological damage(VSC). This care usually reduces or eliminates the symptoms. Then begins **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.