## CONFIDENTIAL PATIENT HEALTH RECORD

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Dear Patient: This information is considered confidential. We need this information because your answers will help us determine if our care can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. In order for us to understand your condition properly, please be as neat and accurate as possible while completing this form. Thank you.

Name					Home Phone	e ( )		
	Last		First	Middle Initial		, <u> </u>		
Address				City		State	Zip	
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 Sex	Age		Birth Date		Height		Veight	———— Marita
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getting worse 🗌	Yes No Does it	interfere with [	Work	aily Routine Other				
explain:								
Have you ever h	nad this pain befo	ore? 🗌 Yes	□ No	When and what did	you do			
·	nad this pain before ?	_	No No	When and what did	you do			
Was it effective	?	No —					cident Date	
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Type				When		Doct	or		
Type				When		Doct	or		
Type				When		Doct	or		
Any surgical implants?	Yes No	Expla	n						
Serious accidents and falls									
What							hen		
What						W	hen		
Fractures									
What						W	hen		
What						W	hen		
Conditions previously treat	ed								
What							hen		
What						W	hen		
Medications/supplements	you take								
What			Fre	equency					
What			Fre	equency					
What			Fre	equency			Doctor		
Family Haalth Information	Λ	Danna	od Diabatas	Heart	l/ida a	Conne	. Mussula Cla	ralatal (Dagle N	laali aka
Family Health Information Father	Age	Decease	ed Diabetes	Heart	Kidney	Cance	IVIUSCUIO-SK	eletal (Back, N	veck, etc
Mother					<u> </u>				
Brothers									
Sisters									
Vaccinations: Yes	□No A	ny Reactio	on?						
Present or past history of b					Right	Left	Both		
Have you now or ever had t					Hesitant Spe	ech $\square$ S	cuttering	al $\square$ Mer	nory
Comprehension A	_				 □ Writing S		о <u> </u>		,
Special Education: Ye			Tutors: Yes	<u> </u>					
Date of last Physical Examir	<del></del>		<del></del>						
Results Chest X-rays				Dontal V ra			Other V rays		
Blood Test							_ Other A-rays		
blood rest	UI	ille rest			tc				
Allergies: Are you allergic to				Other res	ts				
	o No	Yes		Other res					
Penicillin			Sulfa Drugs	No -	o Yes	Aspirin			
Codeine			Sulfa Drugs Morphine	No.	o Yes	Aspirin Antitoxir	ı		
			Sulfa Drugs Morphine Tetanus	No C	o Yes	Aspirin Antitoxir Explain			
Codeine Other Antibiotics Serums Adhesive Tape			Sulfa Drugs Morphine Tetanus Any Other Drugs Any Foods	No.	o Yes	Aspirin Antitoxir Explain_ Explain_	ı		
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Codeine Other Antibiotics Serums Adhesive Tape Nail Polish  Health Habits: Do you  Exercise Adequately How?  Average 8 Hours Sleep (Per Sex – Entirely Satisfactory Watch TV ( Hrs/Day) Have a Vacation ( Weeks/\dots Do you smoke or have you Have You Ever Been Treate  Please Check All of the Folket   Antacids   Antidiabetic/Insulity   Cortisone/Anti-inflections	Night)  Year) ever smoked d for Drug Abu owing Which Y n lammatories		Sulfa Drugs Morphine Tetanus Any Other Drugs Any Foods Other Cosmetics  No Yes	Awaken Re Sleep Well Have Regu Like Your N Read ( Have You B	o Yes	Aspirin Antitoxir Explain_ Explain_ Explain_  ements /Day)	oors □ Outdoors nolism  Antidepressants Chemotherapy High Blood Pressur Oral Contraceptive	No	Yes
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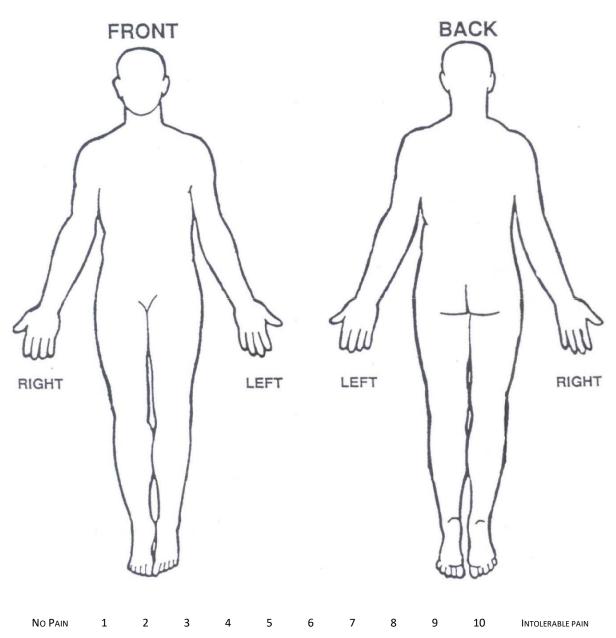
Cience are the recurrence of the control was taken   Meades   Peuristy   Appendicitis   Meades   Peuristy   Scander Fever   Thyroid   Peuristy   Scander Fever   Thyroid   Thyroid   Peuristy   Scander Fever   Thyroid   Thyroid   Peuristy   Scander Fever   Thyroid   Peuristy   Typhold fever   Achonolism   Achonolism   Peuristy   Typhold fever   Achonolism   Achonolism   Peuristy   Typhold fever   Achonolism   Achonolism   Peuristy   Typhold fever   Achonolism   Peuristy   Typhold fever   Achonolism   Achonolism   Peuristy   Typhold fever   Achonolism   Peuristy   Peuristy   Typhold fever   Achonolism   Peuristy	these	v is a list of diseases which is problems can affect the over the following piggases	erall o	course of		ose of y	your appoint	ment	, however,	thes	e questions must	be ans	wered	carefully, as
CROST CURRENT CONDITIONS AND CHECK (V) FORMER CONDITIONS  GINNIAN SYMPTOMS  REPRENT CONDITIONS AND CHECK (V) FORMER CONDITIONS  CHECK SYMPTOMS  CHECK SYMPTOMS		Pneumonia Rheumatic Fever Polio Tuberculosis Whooping Cough		Mumps Small P Chicker Diabete Cancer	ox n Pox es		Pleurisy Arthritis Epilepsy Mental Disc	order			Scarlet Fever Diphtheria Typhoid Fever Malaria			Thyroid Eczema Alcoholism
General Swertoms   Tremors   Chronic cough   Shin eruption itching   Painful menstrual periods   Readache   Spitting up phode   Bruses casily   Painful menstrual periods   Excessive flow   Fever   Spitting up blood   Bruses casily   Painful menstrual periods   Painful menstrual per	_								'					
Tremos			(•)					SKIN				FFMAI	F	
Hedadache   Spitting up pilod   Bruises easily   Hot flashes   Fever   Spitting up bilod   Bruises easily   Hot flashes   Fever   Spitting up bilod   Bruises easily   Hot flashes   Hot flashes   Fever   Spitting up bilod   Bruises easily   Hot flashes   Hot flashes   Fever   Spitting up bilod   Bruises easily   Hot flashes   Hot flash									Skin erupt	ion it	tching			ul menstrual periods
Chills   Chest pain   Dryness   Irregular cycle   Carmps or back ache   Fainting   Boils   Boils   Carmps or back ache   Fainting   Wheezing   Rashes   Miscarriage   Vaginal discharge   Vaginal discharge   Vaginal discharge   Vaginal pain Ereast pain   Loss of Sieep   Emphysema   Eczema   Breast pain   Loss of Weight   Meropusses   Influenza   Poor appetite   Excessive hunger   Depression   Pleurisy   Depression   Pleurisy   Depression   Depression   Depression   Pleurisy   Depression   Depression   Depression   Depression   Pleurisy   Depression   D					•	m					· ·			•
Sweats   Difficult breathing   Boils   Carmys or back ache   Miscarriage   Dizziness   Pneumonia   Sensitive skin   Qaginal discharge   Vaginal pain   Breast pain   Lumps in the breast   Menopausal symptoms   Ezcema   Broads pain   Lumps in the breast   Menopausal symptoms   Excessive hunger   Difficult chewing   Ashtma   Difficult chewing   Sensitive skin   Qaginal pain   Menopausal symptoms   Menopausal symptom						l				sily				
Fainting   Wheezing   Rashes   Miscarriage   Vaginal discharge   Dizziness   Pneumonia   Sensitive skin   Vaginal discharge   Vaginal discharge   Vaginal pain   Rashes   Vaginal discharge   Vaginal pain   Reveat pain   Loss of Sleep   Emphysema   Ezcæma   Breast pain   Loss of Weight   Rashes   Poor appetite   Reveal pain   Loss of Weight   Rashes   Pleurisy   Depression   Depression   Rashes   Poor appetite   Reveal pain   Renopausal symptoms   Abnormal bleeding   When wasy our last perior   Abnormal bleeding   When wasy our last perior   Abnormal bleeding   When wasy our last perior   Abnormal bleeding   Pleurisy   Depression   Pleurisy   Depression   Depression   Pain over the stomach   Desention of Boborne   Pain over the stomach   Pain over the					•	_			,				_	•
Dizziness   Pneumonia   Sensitive Skin   Vaginal discharge   Convulsions   Tuberculosis   Hives or allergy   Vaginal pain   Patigue   Whooping cough   Gastnomtrativa.   Breast pain   Lumps in the breast   Lumps in the lumps   Lumps in the breast   Lumps in the breast   Lumps in the lumps   Lum						g								
Convulsions		<u> </u>			_					kin				
Fatigue											/			
Nervousness		•							Eczema					
Depression   Pleurisy   Excessive hunger   Abnormal bleeding   Abnormal bleeding   When was your last perior   Numbress or pain in arms,   Rapid beating heart   Nausea   Belching or gas   Are you pregnant:   Yes   Paralysis   High blood pressure   Pain over the stomach   Not sure   Yomiting of blood   No   No   No   No   No   No   No		•				l							•	
Loss of Weight											or			
Numbness or pain in arms, hands, elbows, shoulders, hips, legs, knees or feet   Rapid beating heart   Nausea   Are you pregnant: legs, knees or feet   Slow beating heart   Vomiting of blood   No No Working of Blood   No No No Working of Blood   No No Working of Blood   No No No Working of Blood   No No Working of Blood   No No No No Working of Blood   No No No No No Working of Blood   No No No No No No No Working of Blood   No					,							Ш		
Rapid beating heart   Nausea   Are you pregnant:			,								•		vviici	was your last period
Paralysis		hands, elbows, shoulders,	hips,		Rapid beating he	art			Nausea	Ū			Are yo	ou pregnant:
Forgetfulness														
Confusion		•											-	
Eves, Ears, Nose & Tenkon														ure
Failing Vision											buomen			Orthotic/Supports
Near Sightedness   Swelling of ankles   Black stool   Breast implants						eries			•	· · ·				
Eye pain		Near Sightedness							Black stoo	I			Breas	t implants
□ Eye strain □ Varicose veins □ Hemorrhoids (Piles) □ Eye inflammation ■ Muscu And Joint □ Intestinal worms □ Deafness □ Stiff neck □ Liver trouble □ Ear anche □ Back ache □ Gall bladder trouble □ Ear noises □ Swollen joints □ Jaundice □ Colitis □ Solens □ Painful tail bone □ Colitis		•												
Eye inflammation											Diles)			
Deafness		•								•	•			
Earache		•									113			
□ Ear noises       □ Swollen joints       □ Jaundice         □ Ear discharge       □ Painful tail bone       □ Colitis         □ Nose bleeds       □ Foot trouble       □ Weight trouble         □ Nasal obstruction       □ Pain between shoulders       □ Antibiotic therapy         □ Briting of the pain o											ouble			
Nose bleeds		Ear noises			,									
Nasal obstruction   Pain between shoulders   Antibiotic therapy   Appendicitis   Appendicitis   Appendicitis   Appendicitis   Ulcers   Difficult speech   Faulty posture   Goiter   Arthritis   Gout   Allergies   Stiff joints   Gentrourlinary   Gout   Gentrourlinary   Gout   Gentrourlinary   G		•												
Sore throat						ouldor								
Hoarseness   Spinal curvature (Scoliosis)   Ulcers   Goiter						buluers			Annendici	tic	ару			
□ Difficult speech □ Faulty posture □ Goiter □ Gout □ Arthritis □ Gout □ Allergies □ Stiff joints □ GENITOURINARY □ Dental decay □ Painful joints □ Frequent urination □ Gum troubles □ Sore muscles □ Scanty urine □ Frequent Colds □ Weak muscles □ Painful urination □ Blood in urine □ Tonsillitis □ Sciatica □ Pus in urine □ Sinus infection □ Kidney infection or stones □ Red wetting □ Enlarged glands □ Inability to control urine □ Prostate trouble □ Discolored urine □						(Scolio				cis				
Allergies   Stiff joints   GENITOURINARY   Dental decay   Painful joints   Frequent urination   Gum troubles   Sore muscles   Scanty urine   Painful urination   Blood in urine   Painful urination   Blood in urine   Sciatica   Pus in urine   Sinus infection   Sinus infection   Sinus infection   Bed wetting   Inability to control urine   Prostate trouble   Bladder trouble   Bladder trouble   Discolored urine   Discolored   Discolor		Difficult speech				•			Goiter					
Dental decay														
Gum troubles Sore muscles Sore muscles Painful urination Enlarged thyroid Weak muscles Blood in urine Tonsillitis Sinus infection Ridney infection or stones Enlarged glands Inability to control urine Enlarged glands Inability to control urine Do NOT WRITE BELOW THIS LINE  CHIROPRACTIC ANALYSIS  Diagnosis:								_			<b>4</b> :			
Frequent colds	_								•		tion			
Enlarged thyroid   Walking problems   Blood in urine     Tonsillitis   Sciatica   Pus in urine     Sinus infection   Kidney infection or stones     Nasal drainage   Bed wetting     Inability to control urine     Prostate trouble   Bladder trouble     Bladder trouble   Discolored urine     Do NOT WRITE BELOW THIS LINE     CHIROPRACTIC ANALYSIS     Diagnosis:											on			
Sinus infection						IS								
Nasal drainage   Bed wetting   Inability to control urine   Prostate trouble   Bladder trouble   Discolored urine      DO NOT WRITE BELOW THIS LINE    CHIROPRACTIC ANALYSIS     Diagnosis:					Sciatica									
Enlarged glands    Inability to control urine   Prostate trouble   Bladder trouble   Discolored urine    Do NOT WRITE BELOW THIS LINE    CHIROPRACTIC ANALYSIS   Diagnosis:											n or stones			
Prostate trouble Bladder trouble Discolored urine  Do not write below this line  Chiropractic Analysis Diagnosis:											trol urine			
Bladder trouble Discolored urine  DO NOT WRITE BELOW THIS LINE  CHIROPRACTIC ANALYSIS  Diagnosis:	ш	Lindiged gidinds												
Do not write below this line  Chiropractic Analysis  Diagnosis:														
CHIROPRACTIC ANALYSIS Diagnosis:									Discolored	d urin	ie			
	Chiro	practic Analysis				Do no	T WRITE BELOW	THIS L	INE					
	Diagr	nosis:												
Patient accepted: Yes No Doctor's Signature	Patie	nt accented: □Ves □ N	Jo						Dr	octor	's Signature			

## PAIN DRAWING ASSESSMENT

Draw the location of your pain on the body outlines using the appropriate symbols. Include all affected areas. Just to complete the picture draw in your face. Make the severity of your pain at the bottom of the page.

Асне	Burning	Numbness	PINS AND NEEDLES	Stabbing
ZZZ	BBB	XXXX	= = =	////
ZZZ	BBB	XX	= = =	///

Percentage of pain in back\_\_\_\_\_\_\_Percentage of pain in legs\_



I understand and agree that payment is due and payable at the time services are rendered. Furthermore, I understand that payment for any remedy that is shipped to me at my request is to be paid upon receipt. I also understand that the Doctor's Office will prepare any necessary reports and forms to assist me in making collection from my insurance carrier upon my request. I do understand and agree that the Doctor's Office will not, and is under no obligation to, fill out or file any insurance claims for me, nor are they to await payment for said claims. I clearly understand that any health or accident insurance policies or disputes are between me and my insurance carrier and that I am responsible for the full balance incurred by me. I also understand and agree to the following Cancellation Policy: Appointments may be cancelled up to 24 hours before the appointed time. Those cancelled fewer than 24 hours in advance are charged in full and I understand that I am responsible for that charge.

Patient Signature	SS#	Date	
Guardian or Spouse's Signature Authorizing Care		Date	