



Dr. Dennis Cronk Dr. Karyn Marshall
759 Broad Street, Shrewsbury, New Jersey 07702
(732) 741-1000 Fax: (732) 741-4234

CHIROPRACTIC PATIENT HISTORY

Please complete this confidential history questionnaire. The consultation is offered to determine if you are a candidate for chiropractic care. Your answers will help us to help you. The human body is designed to be healthy. Throughout life, events occur which damage your health. This consultation will uncover the layers of damage, especially to your nervous system and spine that can result in poor health. Thank you for choosing CHAMPION CHIROPRACTIC to meet your health care needs.

PATIENT INFORMATION:

Name Age Birth Date Today's Date

Address City Zip

Home Phone Cell Phone Work Phone

Email Sex Marital Status No. of children Social Security:

Occupation: Employer:

Name of Spouse Occupation

Person to contact in case of emergency Phone

Family Physician Phone

Whom may we thank for referring you to us?

Major Complaints (reason for your visit):

A) C)

B) D)

- 1. Which of your major complaints bothers you the most?
2. On a scale of 1 to 10, how bad is it? (0 being none; 10 being the worst)
3. How long have you had this complaint(s)?
4. Prior to this problem beginning, did you ever have an earlier problem that was the same or similar and when? (Explain)
5. For your present condition did your pain appear [ ] Slowly [ ] Suddenly?
6. How often does it bother you now?
7. When it is at its worst, how does it feel?
8. What activities aggravate current condition?

