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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:

Date	Today's Date				
City	Zip				
Home Phone Work Phone					
children S	Social Security:				
ne					
2					
problem that was [] Suddenly?	the same or similar and				
- 1	problem that was [] Suddenly?				

9. What do	you do to relieve cu	arrent condition?					
	er treatments have						
[] Chiro	practic [] Physica	l Therapy [] A	nti-inflamm	atory Medica	ation (NS	AIDS) [] Pa	in Medication
	[]Cortisone Inject	ctions [] Surger	ry [] Other	r			
11. Have any	other doctors treat	ed this condition	?				
If so, wh	o and when?						
12. What test	ting have you had re	elated to this con	dition? [] x	rays [] MR	I [] CA7	Γ scan	
13. Is this du	e to an injury from	Employment? _	_ Auto Acci	dentPerso	onal Injur	у	
14. How is ye	our current condition	on affecting you?	•				
•	[] Work, [] Hor			s, [] Relati	ionships,	[] Sleep	
15. When it i	s at its worst, how					1	
16. Do you th	nink your problem i	is getting worse?	[] Yes [1 No.			
•	you think is causing						
	Are you pregnant of						
10. Women.	The you pregnant o	is there any po	ssiointy you	might be pr	ognam		
SOCIAL HI	STORY						
If not applica	able, write N/A. Ple	ase indicate how	much vou c	consume of t	he follow	ing per day o	r weekly
			mach you c	onsume of t	10110 11	ing per day o	i weekiy.
Coffee:		_					
	s:						
	:						
water intake	•	_					
Please indica	te how often you en	noage in the follo	owing ner da	v/week			
		0 0	owing per de	ly/ WCCK.			
11000103.							
Rate your foo	od intake: 1	2 3	4 5	6	7	8 9	10
	essed Foods/Take (Organic, Fres	
					·		•
FAMILY H	ICTODY						
raviili n	ISTORT						
RELATIVE	AGE- if living	ILLNESSES					Age at Death
Mother:							
Father							
Sibling 1							
Sibling 2							
Sibling 3							
Sibling 4		- 					