

WARDS CORNER CHIROPRACTIC & SPORTS REHAB

550 Wards Corner Road, Loveland OH 45140

(513) 677-6787 (p) ~ (513) 677-2260 (f)

Confidential Patient Information

Last Name: _____	Birth Date: _____
First Name: _____	Sex: _____
Primary Address: _____	SSN: _____
City: _____	Marital Status: _____
State: _____ Zip Code: _____	Spouses Name: _____
Primary: _____ Ext: _____	Insurance: _____
Other: _____ Ext: _____	ID #: _____
Email: _____	Group #: _____

Preferred Language: _____

Smoking Status: Current/Every Day Current/Some Days Former Smoker Never Smoker Decline to answer

Race: American Indian Asian African American Native Hawaiian White Decline to answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to answer

**Women Only: To the best of my knowledge I am I am NOT pregnant

Communications

Family Physician: _____ May we send your health information to this provider? Y / N

May we leave messages regarding your personal healthcare information on yours/your emergency contact's answering device of any kind, i.e. home answering devices or voicemails? Yes / No

Persons we are allowed to communicate your healthcare information with (Please include name and number):

- Spouse: _____
- Children: _____
- Others: _____
- Emergency Contact: _____
- No one:

PATIENT CASE HISTORY

List any **Allergies**:

- Animals Aspirin Bees Chocolate Dairy Dust Eggs Latex Molds Penicillin Ragweed/Pollen
 Rubber Seasonal Allergies Shellfish Soaps Wheat X-Ray Dye Other: _____

List any **Surgeries**:

- Back Brain Elbow Foot Hip Knee Neck Neurological Shoulder Wrist Other: _____

List **ALL Past Medical History** conditions:

- Ankle Pain Arm Pain Arthritis Asthma Back Pain Broken Bones Cancer Chest Pain Depression
 Diabetes Dizziness Elbow Pain Epilepsy Eye/Vision Problems Fainting Fatigue Foot Pain
 Generic Spinal Condition Hand Pain Headaches Hearing Problems Hepatitis High Blood Pressure
 Hip Pain HIV Jaw Pain Joint Stiffness Knee Pain Leg Pain Menstrual Problems Mid-Back Pain
 Minor Heart Problem Multiple Sclerosis Neck Pain Neurological Problems Pacemaker Parkinson's
 Polio Prostate Problems Shoulder Pain Significant Weight Change Spinal Cord Injury Sprain/Strain
 Stroke/Heart Attack Other: _____

List Types/Dosages of **Medication** you are taking: _____

List Types/Reactions of **Medications Allergic** to: _____

List your Family History:

- Arthritis Asthma Back Pain Cancer Depression Diabetes Epilepsy Genetic Spinal Condition
 High Blood Pressure Heart Problems Multiple Sclerosis Neurological Problems Parkinson's Polio
 Prostate Problems Stroke/Heart Attack Other: _____

Do you drink alcohol? No Yes – how many per day? _____

You drink caffeine? No Yes – how many per day? _____

Do you exercise? No Yes (what forms and how often) _____

Have you had any SPINAL X-Rays / MRI's / CT's taken in the last year? N Y if so, Where? _____

Serious Illness: _____ When? _____

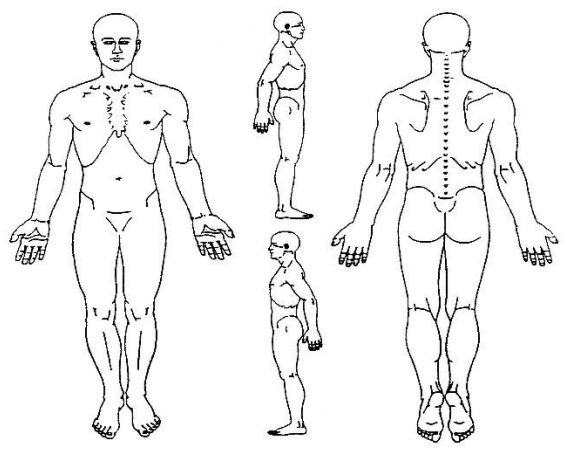
Infectious Diseases: _____ When? _____

Have you had any auto or other accidents? N Y

Describe: _____

Date of last physical examination: _____

PLEASE MARK YOUR AREAS OF PAIN ON THE DIAGRAM



Main reason for consulting the office:

- Become pain free
- Explanation of condition
- Learn how to care for condition
- Reduce symptoms
- Resume normal activity level

What is your complaint: _____ Date problem began: _____

Pain Level (0= no pain through 10= excruciating pain) 0 1 2 3 4 5 6 7 8 9 10

Activities Affected Level: (0= no affect through 10= no activities) 0 1 2 3 4 5 6 7 8 9 10

Nature of symptoms: Burning Dull Numb Radiating Sharp Shooting Stabbing Tight Tingling

What aggravates your condition (working, exercise, etc.)? _____

What makes pain better (heat, ice, massage, etc.)? _____

What is your complaint: _____ Date problem began: _____

Pain Level (0= no pain through 10= excruciating pain) 0 1 2 3 4 5 6 7 8 9 10

Activities Affected Level: (0= no affect through 10= no activities) 0 1 2 3 4 5 6 7 8 9 10

Nature of symptoms: Burning Dull Numb Radiating Sharp Shooting Stabbing Tight Tingling

What aggravates your condition (working, exercise, etc.)? _____

What makes pain better (heat, ice, massage, etc.)? _____