Confidential Patient Case History

AGRE BIRTHIATE MARTAL STATUS. M S W D ORTESTEPHONE CELL PHONE EAGL ADDRESS CHILDREN CONTACT NAME CONTACT TELEPHONE HEALTH INFORMATION: Have you had previous chiropractic care? What is your chief complaint? HEALTH INFORMATION: Have you had this or a similar condition in the past? What agarwates your condition? Have you had this or a similar condition in the past? What agarwates your condition? Is the condition getting progressively worse? Yes. No. Constant. Comes and goes Please rate the intensity of your condition? Please rate the intensity of your condition: (absent) 6 1 2 3 4 8 6 7 8 9 10 (intense) Please estimate the percentage of time you are affected: 0-25% 26-50% 51-75% 76-100% Is in the condition where the preventage of time you are affected: 0-25% 26-50% 51-75% 76-100% Is in the condition where the you for this condition. Please estimate the percentage of time you are affected: 0-25% 26-50% 51-75% 76-100% Is in the condition and years: Please status gried operations and years: Drugs you now take: Age of mattrees: Comfortable Uncomfortable. Are you wearing: Hed lifts Inner soles Orthotics Arch supports Have you do the your wearing. Hed lifts Inner soles Orthotics Arch supports Have you do the prevention linjury or accident? Party aray Past Syears Over 5 years Never Describle: Have you do the prevention linjury or accident? Party aray Past Syears Over 5 years Never Describle: Family health: monter father siblings Do you cut, drink, or use: Alcohol Coffee Tea Cigarettes Sugar Which, if any, vitamins do you take? Painting Experiment System Figure States States Are you pregnant? Painting God Paralysis Hearing loss Lumps on breast Archeological Paralysis Hearing loss Lumps on breast Market speams Namesa Constitution Paralysis Hearing loss Lumps on breast Hearing loss Lumps on breast Market speams Nove discharge Difficult hose breathing Difficult one breathing Painting translates Source muscles Weight loss — Outprison Heart problems Sore mouth Solettal Lumps on breast Hearing los	NAME		SOCIAL SECURITY #					
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