

PATIENT HISTORY

DATE _____ 2011

NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(H) _____ WORK: _____ CELL #: _____

SOC. SEC. # (if using insurance) _____

EMPLOYER: _____ JOB DESCRIPTION: _____

M / S / W / D CHILD AGES _____ E-MAIL _____

Health Ins.Co. _____ 2nd Health Ins? Yes or No Or a Health Savings Account? (HSA/HRA) Y or N

How'd you hear about us? _____

=====

WHAT ARE YOUR PRESENT AND CHRONIC PHYSICAL COMPLAINTS?

BACK: MID or LOW NECK PAIN HEADACHES ARM SHOULDER LEG OTHER _____

Does the pain radiate/travel? YES or NO if yes, FROM _____ TO _____

When did this episode begin: DATE: _____ GRADUALLY? or SUDDENLY?

Have you had this before? Yes or No List Dates: ? _____

Has this problem: IMPROVED WORSENERD STAYED THE SAME ON&OFF

WHAT IS YOUR OBJECTIVE: HEALING OR PAIN RELIEF

Has anyone diagnosed the CAUSE yet or just treated symptoms?

WHAT HEALTHCARE PROVIDERS HAVE YOU SEEN **RELATED TO THE ABOVE?**

CHIROPRACTOR MEDICAL DOC. ACUPUNCTURE PHYSICAL THERAPY OTHER _____

PLEASE LIST YOUR MEDICAL HISTORY:

ACCIDENTS: Car, skiing, sports, falls _____

SURGERY _____ HOSPITALIZATIONS _____

CONDITIONS/DISEASES _____

CURRENT MEDICATIONS _____

DO YOU OR HAVE YOU USED TOBACCO? _____ ARE YOU PREGNANT? _____

NOTES: _____

SEVERITY OF PROBLEM:

(How do you feel?)

1 2 3 4 5 6 7 8 9 10
best , worst**DURATION OF YOUR SYMPTOMS:**

intermittent (25%)

occasional (26%- 50%)

frequent(51%- 75%)

constant(76%- 100%)

PAIN CHARACTER: DULL/ACHE SHARP/STABBING BURNING NUMB/TINGLING OTHER

EXPLAIN: _____

RELATION TO OTHER BODY SYSTEMS OR PARTS: BOWEL/BLADDER VISION STOMACH

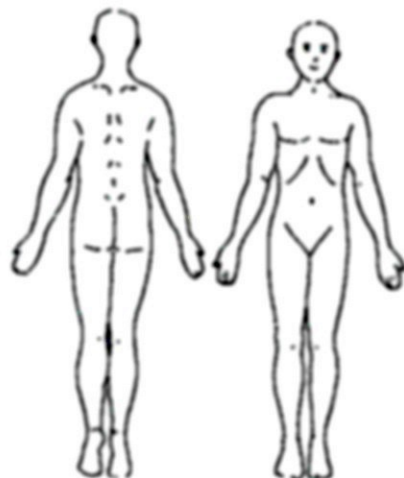
OTHER EXPLAIN _____ or NO APPARENT RELATIONSHIP

RELIEVING FACTORS: REST MOTION/EXERCISE STANDING HEAT ICE LYING DOWN

OTHER/EXPLAIN: _____

AGGRAVATING FACTORS: SITTING STANDING LYING DOWN COUGHING/SNEEZING

STAIRS COMPUTERS WALKING MOTIONS _____ OTHER _____

PAIN PATTERN: (I.E. BETTER/WORSE IN MORNING, WAKES YOU AT NIGHT, ETC) _____**ON THE BODY TO THE LEFT,
PUT AN X WHERE THE PROBLEM IS**

NOTES _____

I UNDERSTAND THAT HEALTH AND ACCIDENT INSURANCE POLICIES ARE AN AGREEMENT BETWEEN AN INSURANCE CARRIER AND MYSELF. I ALSO UNDERSTAND THAT THIS OFFICE WILL PREPARE ANY FORMS AND REPORTS NECESSARY TO ASSIST ME IN MAKING COLLECTIONS FROM THE INSURANCE COMPANY AND THAT ANY AMOUNT AUTHORIZED TO BE PAID TO THIS OFFICE WILL BE CREDITED TO MY ACCOUNT ON RECEIPT. HOWEVER, I CLEARLY UNDERSTAND AND AGREE THAT ALL SERVICES RENDERED ME ARE CHARGED DIRECTLY TO ME AND THAT I AM PERSONALLY RESPONSIBLE FOR PAYMENT OF SUCH SERVICES. I ALSO UNDERSTAND THAT IF I SUSPEND OR TERMINATE MY CARE, ANY FEES FOR PROFESSIONAL SERVICES RENDERED WILL BE IMMEDIATELY DUE AND PAYABLE.

PATIENT'S
SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

Name and/or title you wish to be address by in this office

Do you have a "back problem" or a "health problem"?

Subluxations (nerve interference or damage) cause body and mind miscommunication malfunction and dis-ease.

CHIROPRACTIC PREMISE

- 1) Your nervous system (brain, spinal cord and nerves) controls and coordinates **everything** in your body and mind.
- 2) When your nerve energy flows abundantly without obstruction, your body and mind are 100% self-communicating, self-healing, self-regulating and robust.
- 3) When subluxations (nerve interference or damage) impede nerve flow, similar to static on your cell phone, you are no longer functioning at 100% and your health and vitality are compromised.
- 4) Subluxations are caused by our inability to handle life's three major stressors; physical, mental-emotional and chemical.
- 5) Left uncorrected, subluxations have devastating effects upon human health and well-being, leading to breakdown, malfunction and dis-ease.
- 6) Our goal is to locate subluxations, remove them and their causes and allow you to heal yourself on every level.
- 7) Only chiropractors can determine if you have subluxations: **WHO DO YOU KNOW THAT NEEDS TO BE CHECKED?**



SPINAL LEVEL	BODY PAIN	INTERNAL ORGAN OR BODY FUNCTION	COMMON INTERNAL SYMPTOMS POTENTIALLY INDICATING MALFUNCTION or "DIS-EASE"
Cranial C1, 2	Headache	All anatomical structures within the head; Brain, Cranial Nerves, Eyes, Ears, Nose, Throat, Sinuses, etc.	Spacey, dizzy, low energy, memory trouble, brain fog, ADD, ADHD, ear aches, tinnitus, nose bleeds, sinus problems, snoring, sleep disorders, sore throats, colds, influenzas, itchy & achy eyes, allergies, food sensitivity
C3	Neck	Diaphragm	Difficult to take a deep breath, chronic fatigue, anxiety, vertigo, shortness of breath, allergies
C4		Thyroid	Low = weight gain, feelings of being cold High = insomnia, nervousness, swollen glands
C5	Shoulder	Sugar Handling Function	Craving sweets, tired after eating, headaches if too long between meals, emotional instability, heart palpitations
C6	Arm	Stomach	Stomach pains after eating, needs antacids
C7	Hand	Liver	Sluggishness, sneezing, nightmares, burning feet, allergies
T1, 2	Finger	Heart	Coronary artery disease, functional heart conditions, high or low blood pressure, chest pain
T3		Lungs & Bronchi	Asthma, shortness of breath, chronic coughs, allergies
T4	Upper back	Gall Bladder	Heartburn, bloating after meals, gassy, burping, trouble with fatty foods
T5		Stomach	Heartburn, indigestion, stomach troubles, ulcers
T6		Pancreas	Craving sweets, indigestion, tired after eating, heart palpitations, emotional instability, headaches if too long between meals,
T7	Mid back	Spleen & Immune Function	Lowered resistance, immune deficiencies, frequent colds or influenzas, allergies
T8		Liver	Headaches, low energy, sneezing, nightmares, burning feet
T9		Adrenal Glands	Overwhelmed by stress, allergies
T10		Small Intestine	Digestive complaints: 1-2 hours after eating
T11, 12		Kidneys & Bladder	Decreased urine output, swollen ankles, puffy eyelids, kidney or bladder infections, high or low blood pressure
L1	Low back	Ileocecal Valve	Bad breath, flatulence, headaches when sleeping too long, dark circles under the eyes, toxicity, allergies
L2	Hip	Cecum	Digestive complaints: 1-2 hours after eating, abdominal cramps, allergies
L3	Leg	Endocrine Glands: Thyroid Pancreas, Liver, Adrenals	See organs' primary subluxation sites: C4, C5, C7, T6, T8
L4, 5	Knee, Ankle	Colon, Prostate or Uterus	Bowel problems, coated tongue, headaches, allergies, hemorrhoids, varicose veins, prostate problems, impotence, dysmenorrhea, PMS, menopause symptoms
Sacrum	Foot	Reproductive Organs	Reproductive disorders
Coccyx	Toe	Overall tone of the nervous system	Chronic depression, migraines, vertigo, dyslexia, epilepsy, ADD, ADHD, compulsive disorders, sensitivity to light, PMS, dysmenorrhea, menopause symptoms, impotence

Adjustments correct subluxations so your body can heal and function at higher levels.

REFERENCES: Fick, J. D., Ph.D., *Neuroanatomy, 3rd Edition*, Lippincott Williams & Wilkins, 2002; Kandel, E.R., Schwartz, J.H., Jessell, T.M., *Principles of Neural Science*, Appleton & Lange, 1991; Hoppenfeld, S. M.D., *Physical Examination of the Spine and Extremities*, Appleton-Century-Crofts, 1976; Netter, F.H. M.D., *The CIBA Collection of Medical Illustrations, Vol 1, Nervous System, Part 1, Anatomy and Physiology*, Ciba Pharmaceuticals Division, Ciba-Geigy Corp, 1991.

* This chart has been simplified for demonstrative purposes. It does not illustrate all intricate nerve pathways. The symptoms listed are a guide to potential effects of subluxations. *
Special thanks and recognition to Dr. Nicolai Lennox and Dr. Gururtrang Singh Khalsa in the creation of this chart. © Rosen Coaching, Inc. (800) 878-8384

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