

Patient Entrance Form

Name: _____ Date: _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Work/Cell Phone: _____ Email: _____

Date of Birth: _____ Occupation: _____

Spouse's Name: _____ Children: _____

Family Doctor: _____ City: _____

How did you hear about our clinic? _____

Current Health Concern: _____

When did this problem begin? _____

What aggravates this condition? Bending Lifting Walking Sitting Lying Other

What relieves it? Ice Heat Rest Massage Lying Walking Other

Has this problem occurred before? When? _____

Secondary Health Concerns: _____

Which aspects of your life are affected by this problem? Work Sleep Recreation
Social Relationship Family

Rate your commitment to getting rid of this problem (1-10) _____

Previous Chiropractic Care: Yes No

Name of Chiropractor: _____ Last Treatment: _____

What are your goals for your Chiropractic Care?

1. Pain or symptom relief only (relief is often temporary and reoccurrences are common)
2. Correction of spinal dysfunction (Improved overall health and few reoccurrences)
3. Maximize health potential

I consent to an initial chiropractic examination _____

(Patient Signature)

Life Style

Do you smoke? _____ Do you consume alcohol? _____

What type of exercise do you participate in? How often?

How many hours of sleep do you get per night? _____

How would you describe your nutritional intake? Excellent Good Fair Poor

Please list any nutritional supplements you are taking? _____

Date of last physical Examination: _____

Please list any medical conditions: _____

Please list your current medications: _____

Please list any broken bones, injuries, accidents, hospitalizations or surgeries you have experienced: _____

Please list any family health conditions: _____

Spinal Stress Test

Although most people believe their condition started when they first began to experience these symptoms, in the vast majority of cases this is not true. Spinal dysfunction is almost always the result of years of repetitive stress on the spine and nervous system, and an accumulation of all the stresses placed on body from birth to the present day.

Please indicate which of the following physical, mental/emotional, and chemical stresses pertain to you (past or present).

Birth trauma
Slips and falls
Sports injuries

Work injuries

Automobile accidents

Poor posture

Sit on wallet

Sleep on stomach

Extensive computer work

Heavy bag/knapsack

Repetitive lifting/bending

Daily long drives

Continuous standing/walking

Bone fracture/surgery

Fast paced life

Hold in feelings

Perfectionist

Stressful career/job

Stressful relationship

Children

Recent sickness/loss of loved one

Smoker

Poor diet

Excessive caffeine

Excessive sugar

Artificial sweeteners

Prescription drugs

Alcohol/drug use

Over the counter drugs

Foot Pain? Knee Pain? Back Pain? Take Our Quiz!

- | | | |
|--|-----|----|
| 1. Do you have pain on the bottom of your foot/feet? | YES | NO |
| 2. Do you have foot pain when you get up in the night or first thing in the morning? | YES | NO |
| 3. Do you have heel pain? | YES | NO |
| 4. Has anyone told you that you have flat feet? | YES | NO |
| 5. Do you have bunions (bony projections on the sides of your great toe)? | YES | NO |
| 6. Does your great toe deviate (go towards) your baby toe? | YES | NO |
| 7. Do you have calluses on the side of your great toes? | YES | NO |
| 8. Have you had an ingrown toenail? | YES | NO |
| 9. Do you wear high heels frequently? | YES | NO |
| 10. Do you have knee pain? | YES | NO |
| 11. Is there pain on the inside or underside of your kneecap? | YES | NO |
| 12. Do you hear “crackling” in your knee when you bend? | YES | NO |
| 13. Have you had a broken leg or ankle that has left you with unequal leg lengths? | YES | NO |
| 14. Are you overweight? | YES | NO |
| 15. Do you have back pain? | YES | NO |

If you answered “yes” to 3 or more of these questions, you may benefit from a prescription foot orthotic. A foot orthotic is a thin, custom-fitted insert that goes directly into your shoe.

A prescription foot orthotic helps bring foot muscles and bones back into proper alignment, the same way braces do for teeth. Orthotics help restore the normal balance and alignment of your body and bring relief from pain and fatigue.