

Parkhurst Chiropractic



Parkhurst Chiropractic is trying to get a better sense of the overall diversity of our patient population. This will give us a better understanding of your needs as a patient. This confidential information is for quality monitoring purposes and is protected by HIPAA Guidelines:

Legal First Name: _____ Last Name: _____

Address: _____

DOB: _____ Today's Date: _____

CHIEF COMPLAINTS:

Please mark an "X" on your current chief complaints:

Low back pain		Neck pain / stiffness	
Low back spasm / stiffness		Headaches	
Right hip pain		Upper back pain	
Left hip pain		Upper back spasm / stiffness	
Right sided groin pain		Mid back pain	
Left sided groin pain		Mid back spasm / stiffness	
Right sided gluteal/buttocks pain		Right shoulder pain	
Left sided gluteal/buttocks pain		Left shoulder pain	
Right leg pain		Right arm pain	
Left leg pain		Left arm pain	
Right knee pain		Right elbow pain	
Left knee pain		Left elbow pain	
Right ankle pain		Right wrist pain	
Left ankle pain		Left wrist pain	
Right foot/toe pain		Right hand/finger pain	
Left foot/toe pain		Left hand/finger pain	
Other:			

CHIEF COMPLAINT PAIN TYPE AND FREQUENCY:

Please mark an "X" on all that apply:

Constant		Achy	
Frequent		Burning	
Intermittent		Dull	
Occasional		Sharp	
Mild		Shooting / Radiating	
Moderate		Throbbing	
Severe			
Other:			

CHIEF COMPLAINT AGGRAVATORS:

Please mark an "X" on all that apply:

Any type of exertion		Prolonged standing	
Bending		Sleeping or waking up	
Moving from seated to standing		Twisting	
Prolonged sitting		Walking/Running	
Other:			

REVIEW OF SYMPTOMS / MEDICAL HISTORY:

Please mark an "X" on any that apply:

I am in good health		Kidney disease	
Arthritis		Liver problems	
Asthma		Lung disease	
Cancer		Muscle tension and/or pain	
Diabetes		Osteoporosis	
Fibromyalgia		Stomach problems	
Heart problems		Thyroid problems	
High Cholesterol		Vertebra fracture	
Joint problems			
Other:			

PAST SURGERIES:

Please mark an "X" on all that apply if none, circle: Unknown/None:

Appendectomy		Lumbar Spine Surgery	
Cervical Spine Surgery		Mastectomy	
Heart Surgery		Thoracic Spine Surgery	
Hysterectomy		Gall Bladder Removal/Surgery	
Other:			

FAMILY HISTORY:

Please mark an "X" on all that apply if none, circle: Unknown/None:

Arthritis		Headaches / Migraines	
Cancer		Heart disease	
Chronic pain		High blood pressure	
Diabetes		High cholesterol	
Fibromyalgia		Osteoporosis	
Other:			

Please mark an "X" on the box that reflects your best answer to the question:

How much difficulty do you currently have...	Unable	A Lot	Little	None
Bending over from a standing position to pick up a piece of clothing from the floor without holding onto anything?				
Standing up from a low, soft couch?				
Taking a 1-mile brisk walk, without stopping to rest?				
Running for 5 minutes on even surfaces?				
Walking several blocks?				
Walking up and down steep unpaved inclines (e.g., steep gravel driveway)?				
Running a short distance, such as to catch a bus				
Carrying something in both arms while climbing a set of stairs? (Laundry)				
Going up & down a flight of stairs outside, without using a handrail?				
Making sharp turns when running fast?				
Taking part in strenuous activities (running 3 miles, swimming half mile, etc)				
Standing up from an armless straight chair (e.g., dining room chair)				
Walking on an uneven surface (e.g., grass, dirt road or side walk, brick walkways, sidewalks with curb and driveway cuts)				
Walking around one floor of their home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings?				
Doing light housework (e.g., dusting, minor sweeping)				
Moving up in bed (e.g., repositioning self)?				
Getting into and out of a car/taxi/Uber (sedan)?				
Cleaning up spills on the floor with a mop?				