

ProHealth Wellness Solutions

6733 Fairmont Parkway
Pasadena, TX. 77505

(Please print clearly)

First Name Middle Initial Last Name Suffix

DOB: _____ Sex: M F Marital Status: S M D W

Street City State Zip Code

Home Phone Cell Phone Work Phone

Where do you prefer to receive calls? __ Home __ Cell __ Work

Email: _____

Occupation: _____ Spouse or Parent Name: _____

Who may we thank for referring you to us? _____

Emergency Contact: _____ Phone #: _____

Medical History: _____

Family History of Illness: _____

Social History: Do you smoke? Y N

Surgeries: How many? _____ What for? _____

Allergies: _____

Current Meds: How many? _____ What for? _____

Pre-Existing Conditions? _____

Previous Chiropractic Care

Have you been treated by a Chiropractor before? Y N

Name of Chiropractor: _____ Last Treatment: _____

Conditions Treated? _____ When: _____

Today's First Complaint: _____

Date when symptoms first appeared: ___/___/___

How did it start? _____

Location: _____

Please Circle Your Response

Quality/ Pain Type

Aching Dull Numbing Sharp Sore Stiffening Tingling

Duration (How long have you suffered with this condition?): Hours Minutes Days Weeks Months

Severity: Mild Moderate Severe

Frequency (How often do you experience this?): Constant Frequent Comes and Goes

Pain Intensity Currently (0 is the best, 10 is the worst): 0 1 2 3 4 5 6 7 8 9 10

Pain Intensity at Worst: (0 is the best, 10 is the worst): 0 1 2 3 4 5 6 7 8 9 10

What triggers your symptoms: work duties home activities recreational

What relieves your symptoms: cold heat massage medications reclining sitting sleeping
standing Chiropractic adjustments

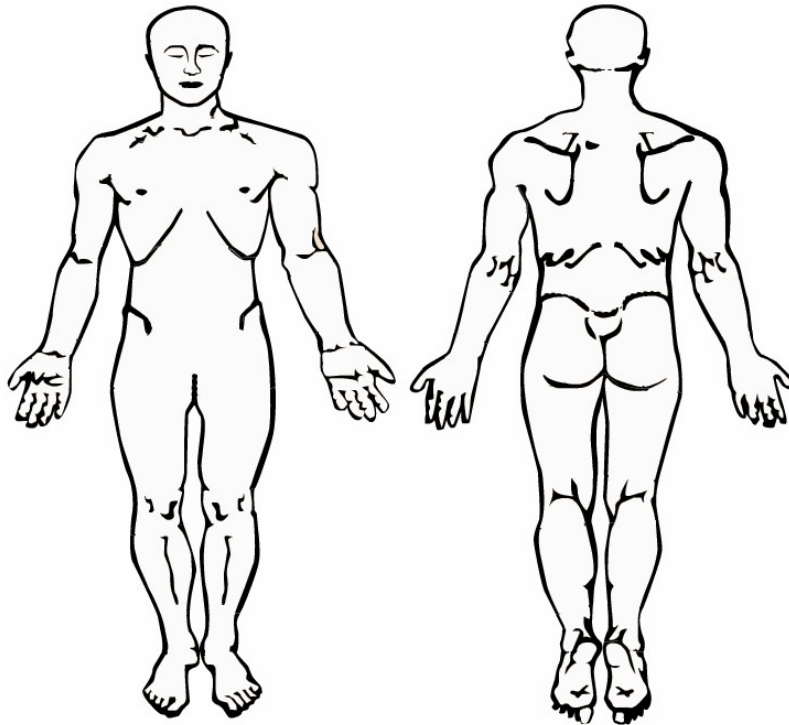
What worsens your symptoms: bending coughing lifting running sitting sneezing standing
turning head walking work

Is there anything else you are experiencing that may be related to your condition?

Previous interventions and Treatments: _____

Medications taken for this condition: _____

Please indicate on drawings the areas of your complaints.



PatientSignature: _____

Date: _____

Guardian Signature: _____

Date: _____