THE ACTIVE LIFE
Chiropractic and Soft Tissue

Symptomatic Patient Intake

Date: ____ / ____ / ____ Patient's Full Name: _____

Address: _____ City: _____ State: ____ Zip: _____

(H): _____ (C) _____ ☐ Male ☐ Female

Email: _____ Age: _____ Date of Birth: _____

Chief Complaint

What hurts? _____

Secondary or related complaint(s) if any: _____

_____

When did it first occur? _____

Was the onset:

☐ Gradual -or- ☐ Sudden

Since the onset, has it gotten:

☐ Better -or- ☐ Worse

Pain Scale – How Much Does It Hurt?

0 1 2 3 4 5 6 7 8 9 10

<----------->

No Pain Moderate Pain Severe Pain

Has this occurred before:

☐ No -or- ☐ Yes (If Yes, # of times: _____)

Describe what caused the pain:

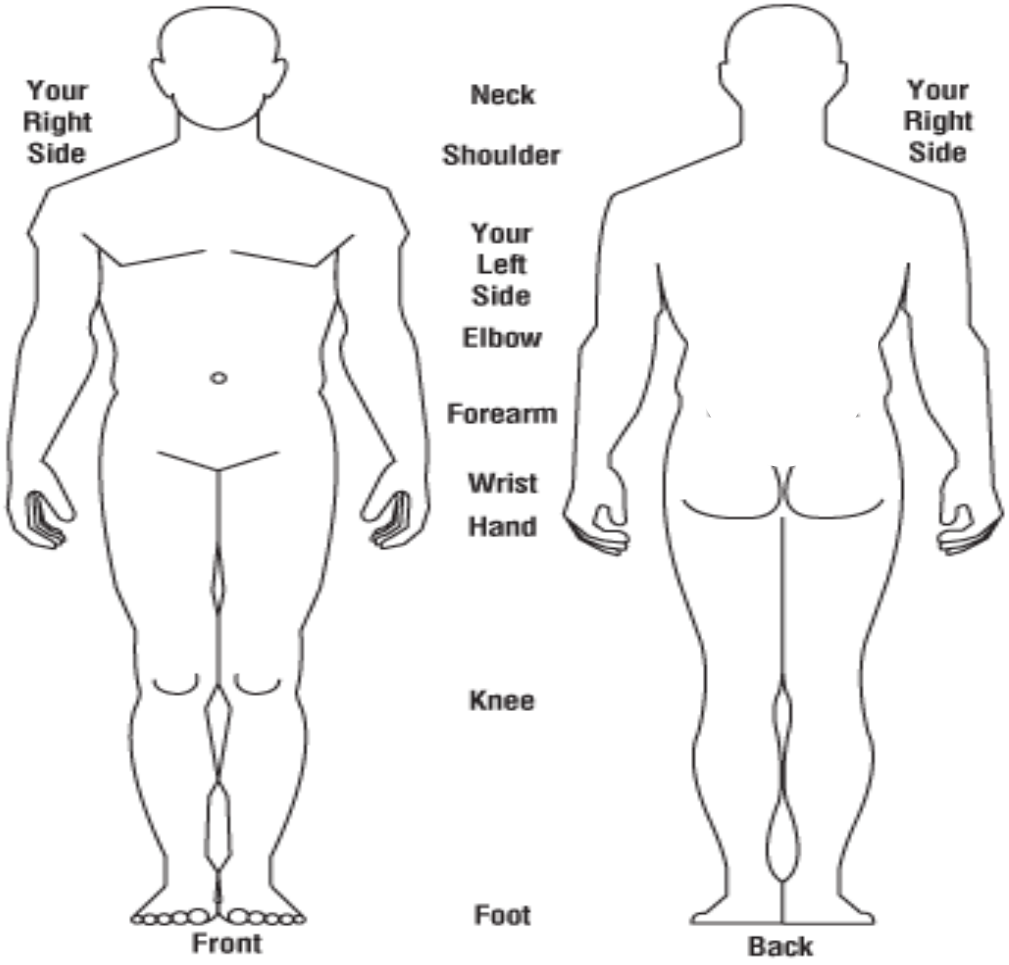
_____

_____

Pain Drawing

Using the symbols given below, mark the area on your body where you feel the described sensations. Include all affected areas.

Aching	Numbness	Pins & Needles	Burning	Stabbing	Other
∧∧∧∧	OOOO	////	####	★★★★	×



What does your condition prevent you from normally doing?

☐ sitting/driving ☐ walking ☐ running ☐ golfing ☐ swimming

☐ weight lifting ☐ playing with children ☐ normal activities of daily living

☐ other_____

What is your long-term goal from treatment (e.g. play a round of golf without pain)?

_____

Please list any major illnesses, injuries, hospitalizations, accidents, or surgeries

	Date of Injury	Illness/Injury	Surgery	Treatment	Results
1					
2					
3					

What medications are you currently taking?

_____

_____

What vitamins/supplements are you currently taking?

_____

Please indicate any of the following illnesses you have had or currently have with their approximate dates

☐ Allergies _____
☐ Cancer _____
☐ Depression _____
☐ Diabetes _____
☐ Eating disorders _____
☐ Heart disease _____
☐ High Blood Pressure _____
☐ HIV/AIDS _____
☐ Kidney disease _____
☐ Mental/Emotional _____
☐ Auto accident _____
☐ Multiple Sclerosis_____
☐ Prostate Disease_____
☐ Scoliosis_____
☐ Serious Fall/Injury_____
☐ Seizures_____
☐ Stroke_____
☐ Ulcer_____
☐ Venereal Disease_____
☐ Other_____

Manual therapy and rehabilitative exercise contain the inherent risk of sprain, strain, fracture and dislocation. By signing below you acknowledge under no duress that you understand and accept this risk.

_____ _____

Signed (Parent or legal guardian if under 18 years of age) Date