

EXAM PATIENT HISTORY

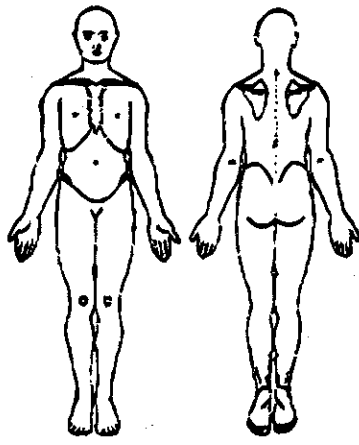
Incident: PI WC Group Cash MC
Insurance: _____

Today's Date (MM/DD/YYYY) _____

Last Name _____ First Name _____ Middle Name (Initial) _____

1. What symptoms prompted you to seek care today? _____

2. When did these symptoms start? How did they start? _____



3. **Quality of Symptoms** (What does it feel like?)
- Numbness
 - Tingling
 - Tightness
 - Dull
 - Aching
 - Cramps
 - Heavy
 - Sharp
 - Burning
 - Shooting
 - Throbbing
 - Stabbing
 - Other _____
4. **Intensity** (How extreme symptoms)
- 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
- Absent Uncomfortable Agonizing
5. **Duration & Timing** (how often do you feel it?)
- Constant Comes and goes
6. **Radiation** (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?)
7. **Aggravating or Relieving Factors** (What make it better or worse, such as time of day, movements, activities, etc.)
- What tends to lessen the problem? _____
- What tends to worsen the problem? _____

8. **Prior Interventions** (What have you done to relieve the symptoms?)
- Prescription medication
 - Over-the-counter drugs
 - Chiropractic
 - Ice
 - Heat
 - Other _____

9. **What else should About Life know about your current condition?** _____

10. **Review of systems** (Identify any changes since your most recent evaluation with us)

	Current	Past	None
a. Musculoskeletal System - osteoporosis, arthritis, neck pain, back problems, poor posture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Neurological System - anxiety, depression, headache, dizziness, pins & needles, numbness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cardiovascular System - high blood pressure, low blood pressure, high cholesterol, chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Integumentary System - skin cancer, psoriasis, eczema, acne, hair loss, rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Genitourinary System - kidney stones, infertility, bedwetting, prostate issues, PMS symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Constitutional System - fainting, low libido, poor appetite, fatigue, sudden weight, weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lymphatic System - swelling or pain in lymph nodes of neck, axillae, groin & other areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. **Prior illnesses, operation, injuries or treatments** _____

POC

12. **Social History** (Tell About Life Chiropractic about your health habits)

Allergies: _____

(203) Tobacco Use: _____

NOTE

13. **Medications/Supplements:** _____

CODES

14. **Goals/Problems** _____

CHARGES