

Metairie Chiropractic & Rehab

PATIENT INFORMATION

Last Name: _____ First Name: _____ Today's Date: ___/___/___

Address: _____ APT# _____ City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ S.S. # _____

Age: _____ Date of Birth: ___/___/___ Sex: _____ Cell Phone Number: _____

Business/Employer: _____ Occupation: _____ Phone: _____

Are you: Single Married Divorced Widowed Email: _____

Name of Spouse: _____ Spouse's Employer and Phone: _____

List another relative's name and phone number: _____

CURRENT HEALTH CONDITION

What are your main complaints? _____

What is the cause of your complaints? _____

When did this condition begin? _____

Other doctor(s) seen for your condition? YES NO Who? _____

Date and Type of treatment: _____

Drugs you now take: None Prescription Pain Medication Muscle Relaxers Insulin

Stress Pills Blood Pressure Medication Over the counter medication

Please name the medication(s): _____

Do you have a pacemaker? YES NO Are you pregnant? YES NO

PAST HEALTH HISTORY

Do you have? Diabetes Type: _____ Hepatitis Type: _____ HIV+ Other: _____

Have you ever had any broken bones? YES NO Surgery? YES NO

Alcohol Consumption? Occasional Moderate Frequent Smoker? YES NO

Illnesses? YES NO Explain: _____

Is there anything else we should know about your health? _____

Metairie Chiropractic & Rehab

Last Name _____ First Name _____ Today's Date ___/___/___

Please check any symptoms that apply.

HEAD:

- Headache
- entire head
- migraines
- back of head
- forehead
- temples
- Loss of smell
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Ringing in ears

LOWER BACK:

- Low back pain
- Low back pain is worse when:
 - Working
 - Lifting
 - Stooping
 - Standing
 - Sitting
 - Bending
 - Coughing
- Muscle spasms – lower back
- Arthritis

NECK:

- Pain in neck
- Stiff neck
- Grinding sounds in neck
- Arthritis in neck
- Muscle spasms in neck

SHOULDERS:

- Pain in shoulder joint (R) (L)
- Can't raise arm fully (R) (L)
- Muscle spasm in shoulders

ARMS &

HANDS:

- Pain in upper arm (R) (L)
- Pain in forearm (R) (L)
- Pain in wrist (R) (L)
- Pain in hand (R) (L)
- Pain in fingers (R) (L)
- Sensation of pins and needles in arm (R) (L)
- Sensation of pins and needles in hand (R) (L)
- Fingers go to sleep (R) (L)
- Hand cold (R) (L)
- Sore/Swollen joints in fingers (R) (L)
- Loss of grip strength (R) (L)

CHEST:

- Chest pain
- Shortness of breath
- Pain around ribs

UPPER BACK:

- Pain across shoulders
- Pain between shoulder blades
- Mid-back pain
- Sharp stabbing pain in upper-back
- Muscle spasms – upper back

HIPS, LEGS &

FEET:

- Pain in buttocks (R) (L)
- Pain in hip joint (R) (L)
- Pain down leg (R) (L)
- Pins & Needles in legs (R) (L)
- Numbness of leg (R) (L)
- Numbness of feet (R) (L)
- Numbness of toes (R) (L)
- Swollen ankles (R) (L)
- Painful joints in toes (R) (L)
- Pain in foot (R) (L)
- Pain in knee (R) (L)

GENERAL:

- Nervousness
- Irritable
- Depressed
- Generally feel run-down
- Loss of sleep
- Loss of weight

**Please List
Any Other
Symptoms
You Are
Experiencing**
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