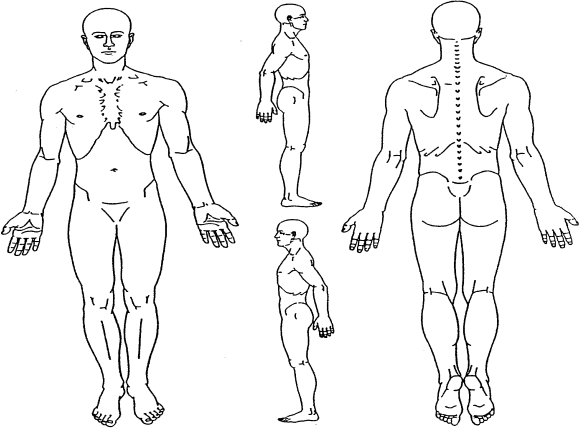


PATIENT HISTORY

Form NP6-8

Name: _____

Chief Complaints: 1) _____
(List in order 2) _____
of severity) 3) _____
4) _____



Complete the diagram by using the letters below to indicate the type and location of your pain. Mark the exact location(s) with a letter:

A = Ache
B = Burning
N = Numbness
O = Other
P = Pain
S = Stabbing
T = Tingling (Pins and Needles)

How did your present condition develop? (What caused it? How did it start?) _____

When was the first time you were aware of this problem? _____

Have you ever had this problem or similar problem before? If yes, explain. _____

Have you received treatment for this condition? If yes, where, when and what were the results? _____

Has your problem getting.... better, worse, or staying the same? _____

What can you do to make your condition worse? _____

What can you do to make your condition better? _____

Have you ever been to a chiropractor? _____ If yes, give approximate dates: _____

For this condition For a different condition Explain _____

Results received

Have you ever been in an automobile crash? Past Year Past 5 Years Over 5 Years Never

If yes, please give details: _____

Have you any surgery for any condition? No Yes If yes, please give details _____

List any accidents/falls/etc. that you have had in the past and describe _____

Are you pregnant? No Yes

Drugs you are now taking: Birth Control Pain Killers Muscle Relaxers Insulin

List other medications you are taking and what they are for: _____

ADVANCED CHIROPRACTIC HEALTH CENTER

Paul R. Bacon, Director