

Back In Action Chiropractic Center, LLC

Consultation/History

Patient Name: _____ Today's Date: _____

<p>Primary Complaint: _____</p> <p>Located (spinal level, right or left side, etc.): _____</p> <p>_____</p> <p>The pain is described as (sharp, dull, ache, burning, etc.): _____</p> <p>The pain does / does not radiate into (arms, legs, hands, feet, etc.): _____</p> <p>The pain is constant / comes and goes, occurs __frequently __occasional __ intermittent</p> <p>How often? _____</p> <p>Pain is rated by the patient as Mild / Moderate / Severe. The patient rates the pain (0-10) _____</p> <p>The pain is made worse by: _____</p> <p>Relief is found by: _____</p> <p>This problem has been occurring since: _____</p> <p>The problem was brought on by (fall, accident, repetition, etc.) _____</p> <p>_____</p>
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<p>Secondary complaint: _____</p> <p>Located (spinal level, right or left side, etc.): _____</p> <p>_____</p> <p>The pain is described as (sharp, dull, ache, burning, etc.): _____</p> <p>The pain does / does not radiate into (arms, legs, hands, feet, etc.): _____</p> <p>The pain is constant / comes and goes, occurs __frequently __occasional __ intermittent</p> <p>How often? _____</p> <p>Pain is rated by the patient as Mild / Moderate / Severe. The patient rates the pain (0-10) _____</p>
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Acute	Mild	No expected problems	Child
Chronic	Moderate	Difficult due to size or condition	Adult, non-compliant
	Severe		

Consultation/History (Cont'd)

Is there any other health problem that concerns you besides your (major complaint) that you wish you could get rid of, even if you never considered a chiropractor could help? For example, sinus problems, hormone problems, asthma, diabetes, digestive trouble, arthritis, fatigue, mood swings, trouble sleeping?

Prior to experiencing these problems, were there any earlier accidents, injuries, or physical stresses that may have injured your spine or nervous system (falls, auto injuries, sports traumas, repetitive stress on the job, sitting at computer for prolonged periods, etc.)? _____
