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# CONSULTATION HISTORY

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**What have you heard about chiropractic?**  Positive  Negative? \_\_\_\_\_

Have you had care?  Y  N How was your experience?  Good  Bad?

How long ago was your last adjustment? \_\_\_\_\_

**Major complaint that brought you in to our office:** \_\_\_\_\_

How often do you experience it?  Seldom  occasional  often  always  comes and goes

How did it happened: \_\_\_\_\_

**Other physical complaint that you experience:** \_\_\_\_\_

How often do you experience it?  Seldom  occasional  often  always  comes and goes

Doctor Notes: \_\_\_\_\_

**Other physical complaint that you experience:** \_\_\_\_\_

How often do you experience it?  Seldom  occasional  often  always  comes and goes

Doctor Notes: \_\_\_\_\_

Are there any other health problems that you wish you could get rid of, *even if you never considered a chiropractor could help you with them?*  Hormone problems  Sinus problems  Allergies  Asthma

Digestive  Sports injuries  Fatigue  Arthritis  Weight problem  Diabetes  Blood Pressure

Doctor Notes: \_\_\_\_\_

## Trauma and Stress History

Before you began to suffer from these problems, were there any earlier accidents, or physical stressors that may have injured your spine or nervous system? **Please include the approximate year of the trauma.**

Total number of Auto Accidents in your lifetime \_\_\_\_\_

List all Auto Accidents (minor and major)

\_\_\_\_\_

List all Sports you played and any Injuries \_\_\_\_\_

\_\_\_\_\_

List any Lifting Injuries/Falls (work injuries, missed steps, moving, etc) \_\_\_\_\_

\_\_\_\_\_

Childhood Injuries (difficult birth, playground falls, rough play with siblings) \_\_\_\_\_

\_\_\_\_\_

List any Stress you have experienced (contributing factors)?  Job  Family  Time  Recent move

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

Since the time you have been suffering from these problems, what have you attempted to use to get rid of your problem(s)?  Ice  Heat  Rest  Medications  Massage  Exercise/PT

\_\_\_\_\_

**Most drugs provide FAST TEMPORARY RELIEF” have you ever heard that? They often fail to fix the problem. Muscles problems usually heal within a few days. Ligaments, joints, and nerves don’t.**

Do these problems cause you to become frustrated? Y N

(If not frustrated then) how does it make you feel? \_\_\_\_\_

Can you think of a time when these problems were at their worst? In your own words, how did it affect you or make you feel? (Ex: irritable, can’t function, severe pain, locked up, tired?)

Does this problem make you feel older when it is at its worst? Y N \_\_\_\_\_

**I am now going to ask you some questions about how these problems might be affecting your life so we can better measure your progress.**

Does it affect your job, or house work? Y N

Have you lost time from work? Y N

Would you say you are less productive? Y N

Do you have to take more breaks? Y N

What hobbies or interests do you have outside of work? \_\_\_\_\_

When your problem is at its worst has it ever affected these activities? Y N When? \_\_\_\_\_

Is there anything else you would do more of or just enjoy more if it wasn’t for these problems?

When your problems are at their worst how could it affect your relationships with family & friends?

Less fun to be around Irritable/Cranky Left Alone/Antisocial Depressed Tired/worn out  
Other \_\_\_\_\_

**Did you know that most healing occurs when we sleep? Since sleep is also essential for a proper immune system function please answer the following questions related to your sleep.**

	Yes	No	Explain:
1. Trouble falling asleep due to being uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Not enough restful sleep	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Awaking in the middle of the night	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Waking earlier than you normally would	<input type="checkbox"/>	<input type="checkbox"/>	_____

**With Sleep problems this would complicate the case because you must sleep in order to fully heal.**

Your primary complaint(s) have been going on for \_\_\_\_ day’s \_\_\_\_ weeks \_\_\_\_ months \_\_\_\_ years

What do you think will happen if you let your symptoms go? Same Better Worse

Taking into consideration what we have discussed so far, do you see there is a real need for change in the way you have been dealing with these problems? Y N

On a scale from 1-10, ten being the highest, rate your commitment to getting rid of these problem? \_\_\_\_\_

Assuming we can help you, is there anything preventing you from getting these problems taken care of?

money  insurance coverage  commitment to health  time \_\_\_\_\_

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