

Confidential Patient Health Record

Today's Date: ___ / ___ / ___

Who can we thank for referring you?

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
Birth Date: ___ / ___ / ___ Age: _____ Male Female Email: _____
Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____
Address: _____ Apt # _____
City: _____ State: _____ Zip: _____ Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Single Married Divorced Widowed Separated Spouse's Name: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: (____) _____ - _____
Address: _____

Current Health Condition

What is your chief complaint: _____

Mark the diagram below to indicate the areas of your symptoms.

Body Area(s) Involved: Neck Spine, Ribs, Pelvis Arm Leg

Is this condition: New Worsening of a old condition Chronic

Is the Condition: Auto Related Job Related Home Injury

Slip/Fall Lifting Overexertion Repetitive Motion

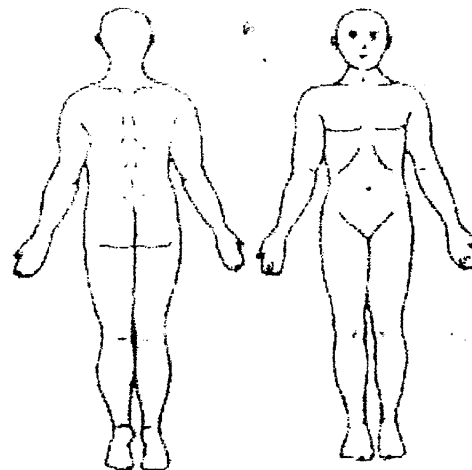
Slept Wrong Unknown Cause Other: _____

Current Symptoms: Pain Numbness Stiffness Weakness

Location: Left Side Right Side Both Sides Upper Mid Lower

Burning Diffuse Dull/Aching Localized Radiating Sharp

Shooting Stabbing Throbbing Tightness Tingling Other



Circle Your Level of Impairment Due to Symptoms (While Resting):

0 pain free 1 very slight/rarely 2 slight/rarely 3 slight/occasional 4 slight/frequent 5 moderate/occasional

6 moderate/frequent 7 severe/occasional 8 severe/frequent 9 very severe/occasional 10 very severe/ constant

Circle Your Level of Impairment Due to Symptoms (With Activity):

0 pain free 1 very slight/rarely 2 slight/rarely 3 slight/occasional 4 slight/frequent 5 moderate/occasional

6 moderate/frequent 7 severe/occasional 8 severe/frequent 9 very severe/occasional 10 very severe/ constant

Duration: Date symptoms began: _____ Date worsened: _____

Date last experienced symptoms: _____

Symptoms worse: Morning Afternoon Night With Activity Symptoms are: Constant Intermittent