

Bell chiropractic

Date: _____ Referred by: _____

Patient Name: _____ Social Security #: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ Birth Date: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Marital Status: Married Single Divorced Widowed Number of Children: _____

Spouse's Name: _____

Have you previously had Chiropractic Care? _____ If yes, when? _____ Did it help? _____

List your chief complaints in order of severity:

1. _____ For how long? _____
2. _____ For how long? _____
3. _____ For how long? _____

Please describe work activities that may be causing your complaint _____

Please explain any other activities outside of work, which may have caused these complaints? _____

If this is due to an injury or accident, when did it happen? _____

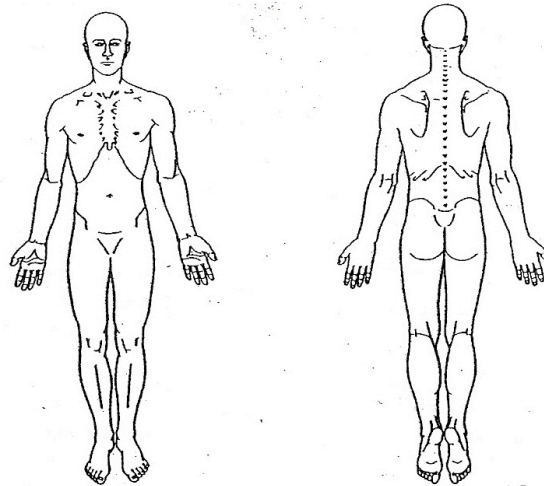
Has this problem been getting better, worse, or staying the same? _____

What activities make your condition worse? _____

Have you been involved in an auto accident in the last 12 months? If so, when? _____

Medications you take now: Aspirin Pain Killers Tranquilizers Insulin Birth Control Pills Other
(please list) _____

If you are in pain, please mark the exact location of your pain on the diagram below. Also describe the type and frequency of your pain, as well as any activity, which brings on or aggravates the pain. For example, describe as dull, sharp, constant, off & on, when standing, when sitting, etc.



Check appropriate squares (x) past or (✓) present condition:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Mental, emotional conditions | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Kidney troubles |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Acne | <input type="checkbox"/> Asthma | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Head colds | <input type="checkbox"/> Eczema | <input type="checkbox"/> Cough | <input type="checkbox"/> Dysentery |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Difficult breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Adenoids | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Ruptures |
| <input type="checkbox"/> Nervous breakdown | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Chronic tiredness | <input type="checkbox"/> Ringing ear | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cramps |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Laryngitis | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Sinus troubles | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bladder troubles |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Congestion | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Excessive sweating | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Influenza | <input type="checkbox"/> Miscarriages |
| <input type="checkbox"/> Ear ache | <input type="checkbox"/> Croup | <input type="checkbox"/> Gall bladder condition | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Impotency |
| <input type="checkbox"/> Stomach troubles | <input type="checkbox"/> Swollen ankles | <input type="checkbox"/> Shingles | <input type="checkbox"/> Change of life symptoms |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Cold feet | <input type="checkbox"/> Liver condition | <input type="checkbox"/> Knee pain |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Weakness in legs | <input type="checkbox"/> Fever | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Leg cramps | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Difficult urination |
| <input type="checkbox"/> Lowered resistance | <input type="checkbox"/> Hemorrhoids (piles) | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Painful urination |
| <input type="checkbox"/> Diabetes | | | <input type="checkbox"/> Frequent urination |

TERMS OF ACCEPTANCE:

When a patient seeks chiropractic health care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. Please be advised we use open adjusting rooms and that one's adjustment may be incidentally observed and conversations may be incidentally overheard.

Adjustment: A specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustment of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation, however, if during the course of spinal examination we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings we recommend that you seek the services of a health care provider who specializes in that area. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression to the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

X-Rays: Please be aware that if necessary, x-rays will be taken for subluxation detection. If you are a female please let the doctor or another staff member know if there is a chance you are pregnant. Understand that 10 days following the onset of a menstrual period is generally considered safe for x-rays to be taken.

Print Name _____

Patient's Signature _____

Date _____