ANY SURGICAL OPERATIONS? ____

____

____

____

DO YOU TAKE ANY MEDICATIONS? ____

____

____

____

HAVE YOU BEEN IN ANY AUTO ACCIDENTS? __________________________________

____

____

____

HAVE YOU EVER:

BEEN KNOCKED UNCONSCIOUS? □ YES □ NO

BEEN TREATED FOR A SPINE OR NERVE DISORDER? □ YES □ NO

HAD A FRACTURE OR BROKEN BONE? □ YES □ NO

DATE OF LAST:	6 MOS.	1 YEAR	18 MOS.	A LONG TIME
SPINAL EXAM	______	______	______	______
SPINAL X-RAY	______	______	______	______
PHYSICAL EXAM	______	______	______	______
BLOOD TESTS	______	______	______	______
URINE TESTS	______	______	______	______

IN CASE OF EMERGENCY CONTACT:

(NAME OF RELATIVE OR-CLOSE FRIEND NOT LIVING IN YOUR HOME)

NAME: ____

ADDRESS: ____

PHONE: ____

BARTUSCH CHIROPRACTIC CLINIC

NEW PATIENT CONSULTATION

HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS?

- ❑ HEADACHES
- ❑ NUMBNESS
- ❑ LOW BACK PAIN
- ❑ NECK PAIN
- ❑ PAIN BETWEEN SHOULDERS
- ❑ PAIN OR NUMBNESS IN:
  - ❑ SHOULDERS
  - ❑ ARMS
  - ❑ ELBOWS
  - ❑ HANDS
  - ❑ HIPS
  - ❑ LEGS
  - ❑ KNEES
  - ❑ FEET
- ❑ PAINFUL TAILBONE
- ❑ SCIATIC PAIN
- ❑ SPINAL CURVATURE
- ❑ CONSTIPATION OR DIARRHEA
- ❑ NAUSEA OR STOMACH PAIN
- ❑ HOW MANY COLDS?
- ❑ TONSILS IN OR OUT?
- ❑ HIGH OR LOW BLOOD PRESSURE
- ❑ DO YOU SMOKE?
- ❑ KIDNEY OR BLADDER INFECTIONS OR STONES
- ❑ BLOOD IN URINE
- ❑ INABILITY TO CONTROL KIDNEYS OR BLADDER

WOMEN

- ❑ CYCLE REGULAR ___ OR IRREGULAR ___
- ❑ HOT FLASHES
- ❑ BACK PAIN WITH CYCLE
- ❑ ARE YOU PREGNANT? _______________

HAVE YOU HAD ANY OF THE FOLLOWING?

- ❑ ALCOHOLISM
- ❑ ARTERIOSCLEROSIS
- ❑ ARTHRITIS
- ❑ CANCER
- ❑ DIABETES
- ❑ HEART DISEASE
- ❑ MULTIPLE SCLEROSIS
- ❑ POLIO
- ❑ RHEUMATIC FEVER
- ❑ SCARLET FEVER
- ❑ STROKE
- ❑ ULCERS

MAJOR PROBLEM

HOW LONG HAVE YOU HAD THIS PROBLEM? _________________

HAVE YOU HAD THIS CONDITION BEFORE? ____________ WHEN? ______________

WHAT AGGRAVATES YOUR CONDITION? ____

IS THIS GETTING PROGRESSIVELY WORSE? □ YES □ NO □ CONSTANT □ COMES AND GOES

IS THIS COVERED BY INSURANCE?

IS THIS AN INDUSTRIAL ACCIDENT CASE? _________