

Westbank Chiropractic & Rehab

PATIENT INFORMATION

Last Name: _____ First Name: _____ Today's Date: ____/____/____

Address: _____ APT# _____ City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ S.S. # _____

Age: _____ Date of Birth: ____/____/____ Sex: _____ Cell Phone Number: _____

Business/Employer: _____ Occupation: _____ Phone: _____

Are you: Single Married Divorced Widowed Email: _____

Name of Spouse: _____ Spouse's Employer and Phone: _____

List another relative's name and phone number: _____

CURRENT HEALTH CONDITION

What are your main complaints? _____

What is the cause of your complaints? _____

When did this condition begin? _____

Other doctor(s) seen for your condition? YES NO Who? _____

Date and Type of treatment: _____

Drugs you now take: None Prescription Pain Medication Muscle Relaxers Insulin

Stress Pills Blood Pressure Medication Over the counter medication

Please name the medication(s): _____

Do you have a pacemaker? YES NO Are you pregnant? YES NO

PAST HEALTH HISTORY

Do you have? Diabetes Type: _____ Hepatitis Type: _____ HIV+ Other: _____

Have you ever had any broken bones? YES NO Surgery? YES NO

Alcohol Consumption? Occasional Moderate Frequent Smoker? YES NO

Illnesses? YES NO Explain: _____

Is there anything else we should know about your health? _____

Metairie Chiropractic & Rehab

Last Name _____ First Name _____ Today's Date ____/____/____

Please check any symptoms that apply.

HEAD:

- ☐ Headache
 - ☐ entire head
 - ☐ back of head
 - ☐ forehead
 - ☐ temples
 - ☐ migraines
- ☐ Loss of smell
- ☐ Loss of taste
- ☐ Loss of balance
- ☐ Dizziness
- ☐ Loss of hearing
- ☐ Ringing in ears

NECK:

- ☐ Pain in neck
- ☐ Stiff neck
- ☐ Grinding sounds in neck
- ☐ Arthritis in neck
- ☐ Muscle spasms in neck

SHOULDERS:

- ☐ Pain in shoulder joint (R) (L)
- ☐ Can't raise arm fully (R) (L)
- ☐ Muscle spasm in shoulders

ARMS & HANDS:

- ☐ Pain in upper arm (R) (L)
- ☐ Pain in forearm (R) (L)
- ☐ Pain in wrist (R) (L)
- ☐ Pain in hand (R) (L)
- ☐ Pain in fingers (R) (L)
- ☐ Sensation of pins and needles in arm (R) (L)
- ☐ Sensation of pins and needles in hand (R) (L)
- ☐ Fingers go to sleep (R) (L)
- ☐ Hand cold (R) (L)
- ☐ Sore/Swollen joints in fingers (R) (L)
- ☐ Loss of grip strength (R) (L)

CHEST:

- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Pain around ribs

UPPER BACK:

- ☐ Pain across shoulders
- ☐ Pain between shoulder blades
- ☐ Mid-back pain
- ☐ Sharp stabbing pain in upper-back
- ☐ Muscle spasms – upper back

LOWER BACK:

- ☐ Low back pain
- ☐ Low back pain is worse when:
 - ☐ Working
 - ☐ Lifting
 - ☐ Stooping
 - ☐ Standing
 - ☐ Sitting
 - ☐ Bending
 - ☐ Coughing
- ☐ Muscle spasms – lower back
- ☐ Arthritis

HIPS, LEGS & FEET:

- ☐ Pain in buttocks (R) (L)
- ☐ Pain in hip joint (R) (L)
- ☐ Pain down leg (R) (L)
- ☐ Pins & Needles in legs (R) (L)
- ☐ Numbness of leg (R) (L)
- ☐ Numbness of feet (R) (L)
- ☐ Numbness of toes (R) (L)
- ☐ Swollen ankles (R) (L)
- ☐ Painful joints in toes (R) (L)
- ☐ Pain in foot (R) (L)
- ☐ Pain in knee (R) (L)

GENERAL:

- ☐ Nervousness
- ☐ Irritable
- ☐ Depressed
- ☐ Generally feel run-down
- ☐ Loss of sleep
- ☐ Loss of weight

Please List Any Other Symptoms You Are Experiencing....

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____