Cornerstone Chiropractic

New Patient Information

| Patient Name | | · · · · · · · · · · · · · · · · · · · | | Ducc | |
|--|---|---|--|-------------------|------------|
| | Last Name | First Name | Middle Ir | nitial | |
| Address | | | | | |
| Sex M \square F \square Birth d | | Age | | | |
| □ Married □ Singl | e 🗆 Widowed | □ Minor □ Separated | l □ Divorced | □ Partnered for _ | years |
| Employer | | | Occupation | | |
| Spouse's Name | | | | | |
| Whom May We Tha | ank For Referring | You? | | | |
| Contact Informatio | n | | | | |
| Home Phone () | Cell | Phone () | Work Phone | e () | - 3 |
| Which number do y | ou prefer we use | ? | | - : | |
| In case of emergen | cy, contact | | | using this number | () |
| Relationship to you | | | | | |
| | | | | | |
| Is Your Treatment f | or: | | | | |
| | | □ Chronic Condition | □ Other | | |
| □ Auto Injury □ L8 | | □ Chronic Condition | □ Other | | |
| □ Auto Injury □ L8 Present Condition | kl Worker' Comp. | | | | |
| Present Condition Reason for visit | kl Worker' Comp. | | | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym | kl Worker' Comp. | | | RIGHT P | LEFT RIGHT |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on your | kl Worker' Comp. ptoms appear? _ pur symptoms? _ | | | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on you | kl Worker' Comp. ptoms appear? _ pur symptoms? _ | | | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on your □ Getting Worse □ | ptoms appear? our symptoms? Getting Better | □ Staying the same? | | | |
| □ Auto Injury □ L& Present Condition Reason for visit When did your sym What brought on you □ Getting Worse □ Mark an X on the pi | ptoms appear? our symptoms? Getting Better cture where you | □ Staying the same? have had pain | | | |
| □ Auto Injury □ L& Present Condition Reason for visit When did your sym What brought on your □ Getting Worse □ Mark an X on the picture of the p | ptoms appear? our symptoms? Getting Better cture where you | □ Staying the same? | | | |
| □ Auto Injury □ L& Present Condition Reason for visit When did your sym What brought on your □ Getting Worse □ Mark an X on the ping th | ptoms appear? our symptoms? Getting Better cture where you cture where you | □ Staying the same? have had pain have had numbness/ti | ngling | | |
| □ Auto Injury □ L& Present Condition Reason for visit When did your sym What brought on your □ Getting Worse □ Mark an X on the pict of pain: □ Aching □ Annoyi | ptoms appear? pur symptoms? Getting Better cture where you cture where you | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shan | ngling | | |
| □ Auto Injury □ L& Present Condition Reason for visit When did your sym What brought on your □ Getting Worse □ Mark an X on the pirous of pain: □ Aching □ Annoyiuo Numb □ Tingly | ptoms appear? pur symptoms? Getting Better cture where you cture where you for a Burning = Tight = "shock | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shan | ngling | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on you □ Getting Worse □ Mark an X on the pit Mark an N on the pit Type of pain: □ Aching □ Annoyi □ Numb □ Tingly How often do you g | ptoms appear? pur symptoms? Getting Better cture where you cture where you find a Burning a Tight a "shock et this pain? | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shan | ngling | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on you □ Getting Worse □ Mark an X on the pit Mark an N on the pit Type of pain: □ Aching □ Annoyi □ Numb □ Tingly How often do you g | ptoms appear? pur symptoms? Getting Better cture where you cture where you find a Burning a Tight a "shock et this pain? | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shan | ngling rp 🗆 Stiff | | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on you □ Getting Worse □ Mark an X on the pi Mark an N on the pi Type of pain: □ Aching □ Annoyi □ Numb □ Tingly How often do you g □ Constant (76-1009) □ Occasional (26-50) | ptoms appear? pur symptoms? Getting Better cture where you cture where you Tight _ "shock et this pain? % of the time) % of the time) | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shar " like □ Frequent (51-76% o | ngling rp □ Stiff of the time) % of the time) | RIGHT LEFT | |
| □ Auto Injury □ L8 Present Condition Reason for visit When did your sym What brought on you □ Getting Worse □ Mark an X on the pi Mark an N on the pi Type of pain: □ Aching □ Annoyi □ Numb □ Tingly How often do you g □ Constant (76-1009) □ Occasional (26-50) | ptoms appear? pur symptoms? Getting Better cture where you cture where you Tight _ "shock et this pain? % of the time) % of the time) | □ Staying the same? have had pain have had numbness/ti Dull □ Pulling □ Shan " like □ Frequent (51-76% o | ngling rp □ Stiff of the time) % of the time) | RIGHT LEFT | |

| Aggravated by □ Bathing □ Bending □ Carrying □ Climbing Stairs □ Computer Use | | | | | | | | |
|--|---------------------------|--------------------------|-------------|--|--|--|--|--|
| □ Coughing/Sneezing □ Driving □ Getting up from sitting □ Laying Down □ Lifting □ Reaching □ Running | | | | | | | | |
| □ Sitting □ Standing □ Stress □ Twisting □ Walking □ Working □ Yard Work | | | | | | | | |
| □ Sitting □ Standing □ Stre | ess I wisting walking | □ Working □ Yard Work | | | | | | |
| | | | | | | | | |
| Health History | | | | | | | | |
| Heightftin Weight lbs | | | | | | | | |
| My overall health is Excellent Very Good Good Fair Poor | | | | | | | | |
| NEW 2011 | | | lawa | | | | | |
| | | □ Moderate □ Light □ N | ione | | | | | |
| My work activity involves me | ostly | | | | | | | |
| ☐ Sitting ☐ Standing ☐ Co | mputer Work 🗆 Phones | □ Driving □ Manual Labor | | | | | | |
| | | | | | | | | |
| Are you Pregnant? ☐ Yes ☐ | No Due Date | | | | | | | |
| Are you'regrant: 11es 110 Due Date | | | | | | | | |
| | | | | | | | | |
| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | Supplements | | | | | |
| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | Supplements | | | | | |
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| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | | | | | | |
| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | | | | | | |
| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | | | | | | |
| Medications | Surgeries (type and year) | Falls/Accidents/Injuries | | | | | | |
| | | Falls/Accidents/Injuries | | | | | | |
| Do you Smoke? □ No □ Yes | Packs/Day | | | | | | | |
| | Packs/Day | | | | | | | |