Welcome to Wyandotte Chiropractic

Name: _____

Address: _____
City State Zip

Phone: Home _____ Cell _____ Work _____

Date of Birth: _____ / _____ / _____ Age: _____

Gender: ❒ Male ❒ Female

❒ Single ❒ Married ❒ Widowed ❒ Divorced

Occupation: _____

In case of emergency, please contact: _____

Phone: _____

Relationship: _____

How did you hear about our office? _____

Accident Information

Is this condition due to an accident? ❒ Yes ❒ No (If YES, please state accident date): _____

Type of accident: ❒ Automobile ❒ Work Injury ❒ Personal Injury

To whom have you made a report of your accident? ❒ Auto Insurance ❒ Employer/Worker's Comp

Claim number for accident case: _____

Attorney (if applicable): _____ Phone: _____

Patient Condition

Reason for visit: _____

Date your symptoms began: _____ Are you getting worse? ❒ Yes ❒ No ❒ Staying the same

Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain): _____

Type of pain: ❒ Sharp ❒ Dull ❒ Throbbing ❒ Numbness ❒ Aching ❒ Shooting ❒ Burning ❒ Tingling ❒ Stiffness

How often does your pain occur? _____ Is it constant or does it come and go? _____

Activities/movements that are painful to perform: ❒ Sitting ❒ Walking ❒ Bending ❒ Laying down ❒ Standing

Health History

Place a mark on **"Y"** or **"N"** to indicate if you have had any of the following:

AIDS/HIV	❒ Y ❒ N	Emphysema	❒ Y ❒ N	Mumps	❒ Y ❒ N	Scarlet Fever	❒ Y ❒ N
Alcoholism	❒ Y ❒ N	Epilepsy	❒ Y ❒ N	Osteoporosis	❒ Y ❒ N	Stroke	❒ Y ❒ N
Allergy Shots	❒ Y ❒ N	Fractures	❒ Y ❒ N	Pacemaker	❒ Y ❒ N	Thyroid Issues	❒ Y ❒ N
Anemia	❒ Y ❒ N	Glaucoma	❒ Y ❒ N	Parkinson's	❒ Y ❒ N	Tonsillitis	❒ Y ❒ N
Anorexia	❒ Y ❒ N	Gout	❒ Y ❒ N	Pneumonia	❒ Y ❒ N	Tuberculosis	❒ Y ❒ N
Appendicitis	❒ Y ❒ N	Heart Disease	❒ Y ❒ N	Polio	❒ Y ❒ N	Tumors	❒ Y ❒ N
Arthritis	❒ Y ❒ N	Hepatitis	❒ Y ❒ N	Prostate Issues	❒ Y ❒ N	Typhoid Fever	❒ Y ❒ N
Asthma	❒ Y ❒ N	Hernia	❒ Y ❒ N	Prosthesis	❒ Y ❒ N	Ulcers	❒ Y ❒ N
Bleeding Disorders	❒ Y ❒ N	Herniated Disk	❒ Y ❒ N	Psychiatric Care	❒ Y ❒ N	Vaginal Infections	❒ Y ❒ N
Breast Lump	❒ Y ❒ N	Herpes	❒ Y ❒ N	Rheumatoid Arthritis	❒ Y ❒ N	Venereal Disease	❒ Y ❒ N
Bronchitis	❒ Y ❒ N	High Cholesterol	❒ Y ❒ N	Rheumatic Fever	❒ Y ❒ N	Whooping Cough	❒ Y ❒ N
Bulimia	❒ Y ❒ N	Kidney Disease	❒ Y ❒ N				
Cancer	❒ Y ❒ N	Liver Disease	❒ Y ❒ N				
Cataracts	❒ Y ❒ N	Measles	❒ Y ❒ N				
Chemical Dependency	❒ Y ❒ N	Migraines	❒ Y ❒ N				
Chicken Pox	❒ Y ❒ N	Miscarriage	❒ Y ❒ N				
Diabetes	❒ Y ❒ N	Mononucleosis	❒ Y ❒ N				
		Multiple Sclerosis	❒ Y ❒ N				

Other: _____

_____

_____

_____

_____

Exercise:

- ❒ None
- ❒ Moderate
- ❒ Daily
- ❒ Heavy

Work Activity:

- ❒ Sitting
- ❒ Standing
- ❒ Light Labor
- ❒ Heavy Labor

Habits:

- ❒ Smoking: Packs/Day: _____
- ❒ Alcohol: Drinks/Week: _____
- ❒ Coffee/Caffeine: Cups/Day: _____
- ❒ High Stress Level Reason: _____

Are you pregnant? ❒ Yes ❒ No If yes, when is your due date? _____

Injuries/Surgeries you've had:	Description:	Date:
Falls:		
Head Injuries:		
Broken Bones:		
Dislocations:		
Surgeries:		

MEDICATIONS:	ALLERGIES:	VITAMINS/HERBS/MINERALS:

Patient Health Information Consent Form

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic treatment or management of my condition(s).
Chiropractic treatment or management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare. Following are the known risks:

Temporary soreness or increased symptoms or pain. It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments.

Dizziness, nausea, flushing. These symptoms are relatively rare. It is important to notify the chiropractor if you experience these symptoms during or after your care.

Fractures. When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your chiropractor if you have been diagnosed with a bone weakening disease or condition. If your chiropractor detects any such condition while you are under care, you will be informed and your treatment plan will be modified to minimize risk of fracture.

Disc herniation or prolapse. Spinal disc conditions like bulges or herniations may worsen even with chiropractic care. It is important to notify your chiropractor if symptoms change or worsen.

Stroke. A certain extremely rare type of stroke has been associated with chiropractic care (roughly 1 in 6,000,000). Although there is an association between this type of stroke and chiropractic visits, there is also an association between this type of stroke and primary care medical visits. According to the most recent research, there is no evidence of excess risk of stroke associated with chiropractic care.
The increased occurrence of this type of stroke associated with both chiropractic and medical visits is likely explained by patients with neck pain and headache consulting both doctors of chiropractic and primary care medical doctors before their stroke.

Other risks associated with chiropractic treatment include rare burns from physiotherapy devices that produce heat.

I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of my care.

Patient Signature Date