File #:____________

Dr. David Kreinbrook Chiropractor

Patient Case History

Name: ___________________________________ Date: _______________________________

Address: _________________________________ City: ________________________________

State: ___________________________________ Zip Code: _____________________________

Home Phone : ______________________________ Cell Phone: ___________________________

Date of Birth: __________ Age: _____If minor, name of parent(s): ________________________

Referred By: ______________________________ Marital Status:___________________________

Occupation: _______________________________ Employer: ____________________________

Spouse's Name: ____________________________ Spouse's Occupation: __________________

Names of children and ages: ________________/_________________/______________________

______________/_______________________/__________________/____________________

Have you ever received Chiropractic Care? ☐ Yes ☐ No

When?___________________________________ Where?:_______________________________

Were Chiropractic X-Rays taken? Yes ☐ No ☐ Year: ________________

Symptoms and Health: Any of the following symptoms may be signs of abnormal spinal cord tension due to Subluxations. **Please read carefully and check past/present symptoms.**

- Headaches
- Neck pain
- Sleeping Problems
- Back Pain
- Nervousness
- Tension
- Irritability
- Chest pain
- Dizziness
- Face Flushed
- Neck Stiff
- Pins & Needles in Legs
- Pins & Needles in Arms
- Numbness in Toes
- Shortness of Breath
- Fatigue
- Depression
- Lights Bother Eyes
- Loss of Memory
- Ears Ring, Fever
- Fainting
- Loss of Smell
- Loss of Taste
- Diarrhea
- Feet Cold
- Hands Cold
- Stomach Upset
- Constipation
- Cold Sweats
- Loss of Balance
- Buzzing in Ears
- Allergies
- Sinus problems

Core Problems/Complaints/Symptoms:

#1: ______________________________ #2 _________________________ #3 ________________________

#4: ______________________________ #5_________________________ #6 _______________________

When your Pain (Core 1,2,3,4,5,6) is at its worst how does it affect or interfere with your normal activities of daily living? Such as…

Self-Care: Interfered with your ability to dress, shower, drive the car, fall or stay asleep?

____

Mental State: has your condition/pain affected your ability to/or cause:

○ depression	○ lack of motivation	○ frustration
○ anxiety	○ stress	○ irritability
○ anger	○ fatigue	○ other

Recreation: limited your ability to participate in hobbies, sports, physical fitness, or other leisure time activities?

____

Work or School: made you less effective or productive at work or school? If yes, have you to missed any days at school, work, or affected your income yet?

____

Family/Home Responsibilities: Limited your ability to do house chores, yard work, grocery shop, caring/playing with the children, or your relationship with your spouse?

____

Patient's #1 Goal/Priority: ____

Present Reason(s) for visiting our office or How do You Want Us to Handle Your Problem? :

______ Temporary Relief (Help the symptom but do not fix the cause of the problem)

_____ Maximum Correction (Correct the cause of the problem, if possible, for maximum stability in the future)

Have you been under any medical care?____

What Medications are you taking?____

____

Have you had any Surgery?____________ What & When?____________________________

____

What side effects have you experienced from the drugs and surgery? _______________________

Have you been in any accidents? _____________When?_______________________________

____

Family Health History:

	Heart Disease	/ Diabetes	/ Arthritis	/ Cancer	Other	Please Specify
Mother	☐	☐	☐	☐	☐	____________________
Father	☐	☐	☐	☐	☐	____________________

Signed Release

The purpose of our Chiropractic Office is to support and empower you in achieving optimum health. Chiropractors locate, analyze and correct subluxations (spinal misalignments which cause nerve interference).

Chiropractic improves the nerve supply to your entire body and allows the Innate healing power of your body to work at maximum efficiency to restore, maintain and promote health. Chiropractic care is considered to be one of the safest and most effective forms of health care. As in all health care, however, there are some very slight but minimal risks to Chiropractic care, including, but not limited to, minor muscle strains and sprains and disk injuries. Tests will be performed to minimize the risk and the appropriate gentle Chiropractic adjusting techniques will be applied. The Doctor and/or staff will always be available to answer questions and discuss the nature and purpose of chiropractic procedures. Results cannot be guaranteed, as every person is unique.

I have read the above and consent to care at Sage Run Family Chiropractic.

____________________________ ____________________________

Patient Signature Witness Signature

____

Date