

Dr. David Kreinbrook Chiropractor

Patient Case History

File: _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Home#: _____

Cell #: _____ Cell Provider(For text reminders): _____

Email Address: _____

Date of Birth: ____/____/____ Age: _____ If a minor, parents name: _____

Your Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Occupation: _____ Employer: _____

Names of Children and Ages: _____/_____
_____/_____/_____

Who referred you to our office? _____

Have you Ever Received Chiropractic Care? YES NO

When: _____ Where: _____

Were X-rays Taken? YES NO Year: _____

Core Problems/Complaints/Symptoms: (Example: Low back pain, Left knee...)

1: _____ 2: _____

3: _____ 4: _____

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 and present symptoms.**

- | | | |
|--|--|---|
| <input type="radio"/> Cold Sweats | <input type="radio"/> Lights Bother Eyes | <input type="radio"/> Anger Easily, Frustration |
| <input type="radio"/> Headache | <input type="radio"/> Loss of Memory | <input type="radio"/> Fatigue |
| <input type="radio"/> Face Flushed | <input type="radio"/> Loss of Balance | <input type="radio"/> Depression |
| <input type="radio"/> Neck Pain | <input type="radio"/> Loss of Smell | <input type="radio"/> Fainting |
| <input type="radio"/> Stiff Neck | <input type="radio"/> Loss of Taste | <input type="radio"/> Chest Pain |
| <input type="radio"/> Back Pain | <input type="radio"/> Ringing in Ears | <input type="radio"/> Stomach Upset |
| <input type="radio"/> Numbness in Toes | <input type="radio"/> Buzzing in Ears | <input type="radio"/> Diarrhea |
| <input type="radio"/> Pins and Needles in Legs | <input type="radio"/> Dizziness | <input type="radio"/> Constipation |
| <input type="radio"/> Pins and Needles in Arms | <input type="radio"/> Nervousness | <input type="radio"/> Sleeping Problems |
| <input type="radio"/> Cold Hands | <input type="radio"/> Tension, Stress | <input type="radio"/> Lack of Motivation |
| <input type="radio"/> Cold Feet | <input type="radio"/> Anxiety | <input type="radio"/> Allergies |
| <input type="radio"/> Shortness of Breath | <input type="radio"/> Irritability | <input type="radio"/> Sinus Problems |

When your pain is at its worst, how does it affect or interfere with your normal activities?

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

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

Work or School: Has this made you less effective or productive at work or school? If yes, have you missed any days?

Family and Home Responsibilities: Has this limited your ability to do house chores, yard work, grocery shopping, caring/playing with the children, or your relationship with loved ones?

What is your #1 goal with treatment? _____

Present reasons for visiting our office or how do you want us to handle your problem?

_____ I want **temporary relief**, just help with symptoms, however, I know it may not correct the problem.

_____ I want **maximum correction**, correcting the cause of the problem, if possible, for maximum stability.

Have you been under any medical care? **YES NO**

What medications are you currently taking? _____

Have you had surgery **YES NO** What and When? _____

Any side effects from the drugs and surgery? _____

Have you had any accidents, falls or injuries in your lifetime? **YES NO**

When? What happened? _____

Family Health History:

Heart Disease [] Mother [] Father

Diabetes [] Mother [] Father

Arthritis [] Mother [] Father

Cancer [] Mother [] Father

Other _____

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