

Please print clearly in red ink and fill out all areas as completely as possible, write "N/A" if needed.

Last Name _____ First Name _____ M.I. _____ Phone # _____

Cell phone # _____ E-Mail Address _____

Address _____ City _____ State _____ Zip Code _____

Birth date () _____ M F _____ S M D W _____ SS# _____

Employer _____ Job Title _____ Phone # _____

Employer's Address _____ City _____ State _____ Zip Code _____

Spouse's Name _____ Birth date _____ Phone # _____

Family Doctor _____ City _____ State _____ Zip Code _____
I grant you permission to notify my Family Doctor regarding my progress. [] No [] Yes _____

Insured is: a. Patient _____ b. Spouse _____ c. Dependent _____

Name of Insured _____ Birthdate of Insured _____ Insured SS# _____

___ I have insurance, please help me determine my coverage _____ Other Insurance _____
 ___ I have insurance, but prefer not to use it for this condition _____ Medicare _____
 ___ Preferred Provider member _____ Supplement _____
 ___ Auto Accident _____ I am a CASH patient _____
 ___ Worker's Compensation _____

How did you hear about Davis Chiropractic? Please circle one:

Google search _____ Walk-In _____ Friend/Family _____

Provider List _____ Yellow Pages _____ Other _____

Have you ever been to a chiropractor? [] Yes [] No Name _____

1. Please describe your symptoms: _____

2. How long has this been hurting? _____

3. What caused your condition? _____

Circle all that apply:

- | | | | |
|------------------|------------------------|--------------------|-----------|
| 1. Auto accident | 6. Repetitive Motion | 11. Exercise | 16. Other |
| 2. Work Injury | 7. Twisting/contortion | 12. Trauma | _____ |
| 3. Lifting | 8. Fall down | 13. Weather Change | _____ |
| 4. Pulling | 9. Compressive force | 14. Allergies | _____ |
| 5. Pushing | 10. Overuse | 15. Bending | _____ |

CONSULTATION HISTORY

Since you began suffering from this problem, what if anything, have you tried that did not work? (Example: ice, heat, rest, over the counter meds, prescription, P.T., other) _____

What have you tried that seemed to help? _____
Length of treatment _____ Results _____

Mark each box that applies to your pain. If the area is different than what is given, please write in the shaded box what area is affected.					
AREA OF PAIN:	Neck	Mid-Back	Low-Back		
Daily Pain					
Less than Daily					
Worse After Waking Up					
Better as you get Moving					
Better After Use					
Dull Ache					
Sharp Pain					
Worse at Night					
Getting Worse					
Getting Better					
Staying the Same					
Worse Sitting					
Worse Standing					
Worse Walking					
Worse Changing positions					
Worse Lying Down					
Worse Coughing					
Worse Sneezing					

ALL Current Medications Prescription _____

Current over the counter medications _____

Current Vitamins or Supplements _____

Have you ever had (circle all that apply) MRI CAT SCAN X-RAYS LAB TESTS _____

For what conditions _____
List all Hospitalizations and surgeries _____

INJURY HISTORY - LIST TYPE/LOCATION OF INJURY & APPROXIMATE YEAR

AUTO INJURIES _____

SPORTS INJURIES _____

ON THE JOB INJURIES _____

CHILDHOOD INJURIES _____

OTHER INJURIES _____

- HEALTH GOALS AT DAVIS CHIROPRACTIC - CHECK ALL THAT APPLY
- | | |
|---|---|
| 1) <input type="checkbox"/> Pain relief / Management | 3) <input type="checkbox"/> Maintenance Care |
| 2) <input type="checkbox"/> Correct problem if possible | 4) <input type="checkbox"/> Wellness / Lifestyle advice |

IMMEDIATE FAMILY HISTORY - CHECK ALL THAT APPLY

	SPOUSE	CHILDREN		SPOUSE	CHILDREN
Headache	_____	_____	Shoulder Pain	_____	_____
Back Pain	_____	_____	Knee Pain	_____	_____
Allergies	_____	_____	Hip Pain	_____	_____
Stress	_____	_____	Other	_____	_____

HEALTH HISTORY

This section pertains to you and any other family members. In each category please check whether you and/or any family members have or have had any conditions to the related areas. List the relationship of any family member marked.

NO SELF FAMILY
[] [] [] 1. Circulatory system (heart, blood vessel, stroke)

[] [] [] 2. Respiratory system (lungs, sinuses)

[] [] [] 3. Genito-Urinary reproductive system (kidney, bladder, M or F organs)

[] [] [] 4. Digestive system (stomach, liver, gall bladder, intestines, pancreas)

[] [] [] 5. Endocrine system (thyroid, adrenal, pituitary, hormones, diabetes)

[] [] [] 6. Musculo Skeletal (muscles, tendons, ligaments, cartilage, bone)

[] [] [] 7. Nervous System (brain, spinal cord, nerves, mental emotional)

[] [] [] 8. Immune system (allergies, auto immune, rheumatic diseases)

COMPLICATING FACTORS (circle all that apply)

- | | |
|-----------------------------------|-----------------------------------|
| 1. Pregnant | 11. Head Injury |
| 2. Pace Maker | 12. Aspirin / anticoagulants |
| 3. Metal implant | 13. High Blood Pressure |
| 4. Cancer | 14. Lack of immediate treatment |
| 5. Diabetes | 15. Continued use of injured area |
| 6. Smoker | 16. Previous Similar injury |
| 7. Arthritis | 17. Desk Job |
| 8. Exercising | 18. Birth Control |
| 9. Circulatory Problems | 19. Other _____ |
| 10. Lupus, Rheumatoid auto immune | |

Please check the box next to any of these symptoms you suffer from:

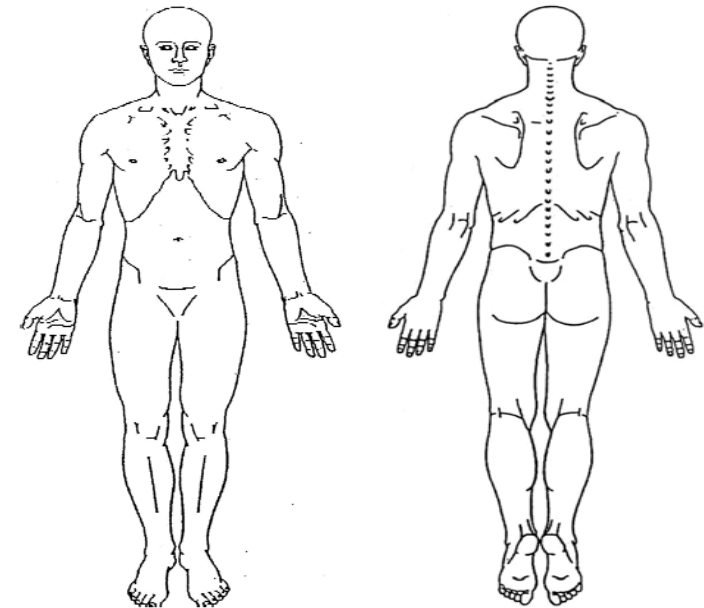
- | | |
|---|--|
| <input type="checkbox"/> Headache 784.0 | <input type="checkbox"/> Tingling in the legs 782.0 |
| <input type="checkbox"/> Dizziness 780.4 | <input type="checkbox"/> Numbness in the fingers 782.0 |
| <input type="checkbox"/> Neck Stiffness 718.58 | <input type="checkbox"/> Numbness in the toes 782.0 |
| <input type="checkbox"/> Neck Pain 723.1 | <input type="checkbox"/> Jaw Pain or Clicking 524.6 |
| <input type="checkbox"/> Finger Pain 719.44 | <input type="checkbox"/> Shoulder pain 719.41 |
| <input type="checkbox"/> Mid Back Stiffness 719.58 | <input type="checkbox"/> Elbow Pain 719.42 |
| <input type="checkbox"/> Mid Back Pain 724.1 | <input type="checkbox"/> Wrist pain 719.43 |
| <input type="checkbox"/> Low Back Stiffness 719.58 | <input type="checkbox"/> Carpal tunnel syndrome 354.0 |
| <input type="checkbox"/> Low Back Pain 724.2 | <input type="checkbox"/> Pain that travels to the arm or hand 723.4 |
| <input type="checkbox"/> Ankle/Foot pain 719.47 | <input type="checkbox"/> Hip Pain 719.45 |
| <input type="checkbox"/> Pain in the front of the thigh 355.1 | <input type="checkbox"/> Knee pain 719.46 |
| <input type="checkbox"/> Tingling in the arms 782.0 | <input type="checkbox"/> Pain that starts in the back or buttocks and down the back of the thigh 724.3 |

I certify that the above information is true and correct. I hereby authorize the release of any information required. I also authorize my benefit payments to be paid directly to this office. I am financially responsible for non-covered services.

Signed by Patient or Guardian _____ Date _____

INDICATE THE TYPE OF SENSATIONS YOU ARE FEELING RIGHT NOW AND MARK ON THE BODY DIAGRAM WHERE YOU ARE HURTING WITH APPROPRIATE LETTER

A = ACHE B = BURNING N = NUMBNESS
P = PAIN S = STIFF T = TINGLING



OBJECTIVE KEY:
X = PALPABLE NODULAR HYPERTONICITY
O = SUBJECTIVELY REPORTED TENDERNESS
M = OBJECTIVE MUSCLE SPASM

WHAT VERY IMPORTANT ACTIVITIES DOES YOUR CONDITION MAKE IT MORE DIFFICULT FOR YOU TO DO?

PLEASE GRADE 0 - 10
(0 = No Pain to 10 = Severe Pain)
CHECK THE APPROPRIATE BOX

		0	1	2	3	4	5	6	7	8	9	10
1	Sleep											
2	Dressing/grooming/bathing											
3	Work/Lifting/Home Responsibility											
4	Driving											
5	Recreation/Family/Social											
6	Walking											
7	Standing/Sitting											
8	Reading/Computer/Headache											

9 DOCTOR USE ONLY Palpation _____
10 Weak mm _____

FLEX	Cervical					Lumbar				
	50	PN	ST	PL	CR	90	PN	ST	PL	CR
EXT	60	PN	ST	PL	CR	30	PN	ST	PL	CR
L R	80	PN	ST	PL	CR	30	PN	ST	PL	CR
R R	80	PN	ST	PL	CR	30	PN	ST	PL	CR
LLF	45	PN	ST	PL	CR	30	PN	ST	PL	CR
RLF	45	PN	ST	PL	CR	30	PN	ST	PL	CR

HEEL WALK	TOE WALK
TANDEM WALK	ROMBERG

REFLEXES	
PINWHEEL	
JAMAR RT	CRANIALS
LT	

VITALS		Roentgenology — Fracture or Pathology Degeneration Phase					
B.P.	PULSE	C	N	1	2	3	4
HEIGHT	WEIGHT	T	N	1	2	3	4
KEY:PN=Pain ST=Stiffness PL=Pulling CR=Crepitus		L	N	1	2	3	4

COMPLICATING FACTORS EXAM		Shielding & Collimation based on producing optimal roentgenologic quality				
ABBERENT BIOMECHANICS						
ADHESIVE CAPSULITIS						
ANTALGIC NM REFLEX PATTERN						
ATROPHY						
COMPENSATORY MALADAPTATION		APCT	100	MA	KV	SEC
GAIT DISTURBANCE		LAT C	100	MA	KV	SEC
BIOMECHANICAL STRESS		APL	200	MA	KV	SEC
REINJURY EXACERBATION		LAT L	200	MA	KV	SEC
MULTILEVEL DJD				MA	KV	SEC
INCREASED NECK LENGTH				MA	KV	SEC
POSTURAL ABNORMALITY				MA	KV	SEC
SCAR TISSUE FIBROSIS				MA	KV	SEC
SCOLIOSIS				MA	KV	SEC
SHORT LEG				MA	KV	SEC

TEST	NR	L	R	SRP
NECK FLEX	C3-8			
NECK EXT	C3-8			
NECK LLF	C3-8			
NECK RLF	C4-8			
SCM	C23			
DELTOID	C5			
TERES MINOR	C5			
SUBSCAP	C56			
BICEP	C5			
TRICEP	C7			
BRACH RAD	C56			
CORAC BRACH	C67			
LOW TRAP	C34			
UPPER TRAP	C34			
MID TRAP	C34			
SUPRASPINATUS	C45			
LATISSIMUS	C678			
LEVATOR SCAP	C345			
PEC MJ ST	C6-T1			
PEC MJ CL	C6-T1			
TERES MAJ	C6			
WRIST EXT	C6			
WRIST FLEX	C7			
FINGER EXT	C7			
FINGER FLEX	C8			
FINGER ADD	T1			
FINGER ABD	T1			
CERV DISTRCT				
CERV COMPRESS				
MAX CERV COMPR				
JACKSON				
SHOULDER DEP				
ADSON				
GEORGES				
PSOAS	L23			
TFL	L45 S12			
QUADS	L234			
BICEP FEM	L5 S12			
PIRIFORMIS	S12			
PERONEUS	S1			
SOLEUS	S1			
SARTORIUS	L23			
GLUT MED	L5			
GLUT MAX	S1			
EXT HAL LONG	L5			
SLR				
LASEGUE				
GOLDTHWAITE				
PATRICKS				
BRAGARD				
BRAGARD P				
BRAGARD B				
KEMP				
LEWIN SIT				
NACHLAS ELY				
BELT				
YEOMANS				
WELL LEG				

OCCIPITOCERVICAL	
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 739.0	Articular Dysfunction
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 724.8	Fasciitis
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 524.6	TMJ Dysfunction Syndrome
<input type="checkbox"/> 353.8	Nerve root disorder
<input type="checkbox"/> 346.90	Migraine, non specific
<input type="checkbox"/> 307.81	Tension Headache
<input type="checkbox"/> 784.00	Headache
<input type="checkbox"/> 780.40	Dizziness
<input type="checkbox"/> 847.0	Cervical sprain/strain
<input type="checkbox"/> 839.08	Subluxation Multiple sites
<input type="checkbox"/> 839.07	Subluxation C7
<input type="checkbox"/> 839.06	Subluxation C6
<input type="checkbox"/> 839.05	Subluxation C5
<input type="checkbox"/> 839.04	Subluxation C4
<input type="checkbox"/> 839.03	Subluxation C3
<input type="checkbox"/> 839.02	Subluxation C2
<input type="checkbox"/> 839.01	Subluxation C1
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 739.1	Articular Dysfunction
<input type="checkbox"/> 737.42	Lordosis
<input type="checkbox"/> 737.30	Scoliosis
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 724.8	Fasciitis
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 726.90	Tendonitis
<input type="checkbox"/> 723.5	Torticollis "wry neck"
<input type="checkbox"/> 722.91	Discitis
<input type="checkbox"/> 722.4	Disc Degeneration
<input type="checkbox"/> 722.00	Disc protrusion, bulge, herniation
<input type="checkbox"/> 719.48	Cervical Pain
<input type="checkbox"/> 353.8	Nerve root disorder
<input type="checkbox"/> 718.58	Neck Stiffness
<input type="checkbox"/> 723.10	Neck Pain
<input type="checkbox"/> 847.1	Thoracic sprain/strain
<input type="checkbox"/> 839.21	Subluxations Thoracic Region
<input type="checkbox"/> 739.2	Articular Dysfunction
<input type="checkbox"/> 737.30	Scoliosis
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 724.8	Fasciitis
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 726.90	Tendonitis
<input type="checkbox"/> 722.11	Disc protrusion, bulge, herniation L
<input type="checkbox"/> 722.9	Discitis
<input type="checkbox"/> 722.92	Disc Disorders
<input type="checkbox"/> 724.10	Thoracic Pain
<input type="checkbox"/> 353.8	Nerve root disorder
<input type="checkbox"/> 722.51	Disc Degeneration Thoracic
<input type="checkbox"/> 719.58	Thoracic Stiffness
<input type="checkbox"/> 739.80	Rib Subluxation
<input type="checkbox"/> 718.81	Instability, Clavicle
<input type="checkbox"/> 847.20	Lumbar sprain/strain
<input type="checkbox"/> 839.20	Subluxations Lumbar Region
<input type="checkbox"/> 739.30	Articular Dysfunction
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 756.12	Spondylolsthesis
<input type="checkbox"/> 737.30	Scoliosis
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 724.8	Fasciitis
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis

DIAGNOSIS	
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 724.20	Lumbar Pain
<input type="checkbox"/> 353.8	Nerve root disorder
<input type="checkbox"/> 722.10	Disc Protrusion, bulge, herniation L
<input type="checkbox"/> 722.52	Disc Degeneration L
<input type="checkbox"/> 726.9	Tendonitis
<input type="checkbox"/> 722.9	Discitis
<input type="checkbox"/> 722.73	Disc Disorders
<input type="checkbox"/> 719.58	Lumbar Stiffness
	SACRAL
<input type="checkbox"/> 846.8	Sacroiliac sprain/strain
<input type="checkbox"/> 846.0	Lumbosacral/sprain/strain
<input type="checkbox"/> 839.42	Subluxations Sacrum
<input type="checkbox"/> 839.41	Subluxations Coccyx Region
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 739.4	Articular Dysfunction
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 726.9	Tendonitis
<input type="checkbox"/> 724.3	Scoliosis - Sciatic only
<input type="checkbox"/> 724.3	Sciatica
<input type="checkbox"/> 722.9	Discitis
<input type="checkbox"/> 720.2	Sacroiliitis
<input type="checkbox"/> 724.60	Sacral Pain
<input type="checkbox"/> 353.8	Nerve root disorder
	PELVIC, HIP, PUBIC
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 739.5	Articular Dysfunction
<input type="checkbox"/> 729.8	Facet Syndrome
<input type="checkbox"/> 724.8	Fasciitis
<input type="checkbox"/> 716.90	Inflammation of Joint
<input type="checkbox"/> 353.8	Nerve root disorder
	LOWER EXTREMITIES
<input type="checkbox"/> 848.5	Hip & thigh sprain/strain
<input type="checkbox"/> 719.45	Hip pain
<input type="checkbox"/> 355.10	Thigh pain
<input type="checkbox"/> 719.46	Knee Pain
<input type="checkbox"/> 845.00	Ankle & foot sprain/strain
<input type="checkbox"/> 719.47	Ankle /Foot Pain
<input type="checkbox"/> 729.4	Fasciitis
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 726.9	Tendonitis
<input type="checkbox"/> 716.90	Inflammation of Joint
<input type="checkbox"/> 782.00	Numbness in toes
	UPPER EXTREMITIES
<input type="checkbox"/> 840.8	Shoulder Sprain/strain
<input type="checkbox"/> 719.41	Shoulder Pain
<input type="checkbox"/> 719.42	Elbow Pain
<input type="checkbox"/> 719.43	Wrist Pain
<input type="checkbox"/> 782.0	Paresthesia
<input type="checkbox"/> 739.7	Articular Dysfunction
<input type="checkbox"/> 729.2	Neuralgia, Neuritis, Radiculitis
<input type="checkbox"/> 729.1	Myalgia, Myositis
<input type="checkbox"/> 728.85	Spasm
<input type="checkbox"/> 723.4	Radiating arm pain
<input type="checkbox"/> 716.90	Inflammation of Joint
<input type="checkbox"/> 353.8	Nerve root disorder
<input type="checkbox"/> 782.00	Numbness in fingers
<input type="checkbox"/> 719.44	Finger Pain
<input type="checkbox"/> OTHER	_____