

## EXAM PATIENT HISTORY

Incident: PI WC Group Cash MC

Insurance: \_\_\_\_\_

Today's Date (MM/DD/YYYY) \_\_\_\_\_

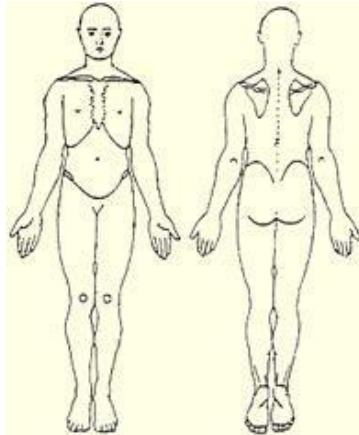
Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name (Initial) \_\_\_\_\_

1. What symptoms prompted you to seek care today? \_\_\_\_\_

2. When did these symptoms start? How did they start? \_\_\_\_\_



3. **Quality of Symptoms** (What does it feel like?)

- ☐ Numbness
- ☐ Tingling
- ☐ Tightness
- ☐ Dull
- ☐ Aching
- ☐ Cramps
- ☐ Heavy
- ☐ Sharp
- ☐ Burning
- ☐ Shooting
- ☐ Throbbing
- ☐ Stabbing
- ☐ Other \_\_\_\_\_

4. **Intensity** (How extreme symptoms)

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Absent Uncomfortable Agonizing

5. **Duration & Timing** (how often do you feel it?)

- ☐ Constant
- ☐ Comes and goes

6. **Radiation** (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?) \_\_\_\_\_

7. **Aggravating or Relieving Factors** (What make it better or worse, such as time of day, movements, activities, etc.)

What tends to lessen the problem? \_\_\_\_\_

What tends to worsen the problem? \_\_\_\_\_

8. **Prior Interventions** (What have you done to relieve the symptoms?)

- ☐ Prescription medication
- ☐ Over-the-counter drugs
- ☐ Chiropractic
- ☐ Ice
- ☐ Heat
- ☐ Other \_\_\_\_\_

9. **What else should Peace Chiro know about your current condition?** \_\_\_\_\_

10. **Review of systems** (Identify any changes since your most recent evaluation with us)

- a. **Musculoskeletal System**-osteoporosis, arthritis, neck pain, back problems, poor posture
- b. **Neurological System**-anxiety, depression, headache, dizziness, pins & needles, numbness
- c. **Cardiovascular System**-high blood pressure, low blood pressure, high cholesterol, chest pain
- d. **Integumentary System**-skin cancer, psoriasis, eczema, acne, hair loss, rash
- e. **Genitourinary System**-kidney stones, infertility, bedwetting, prostate issues, PMS symptoms
- f. **Constitutional System**-fainting, low libido, poor appetite, fatigue, sudden weight, weakness
- g. **Lymphatic System**-swelling or pain in lymph nodes of neck, axillae, groin & other areas

Current Past None

- ☐ ☐ ☐
- ☐ ☐ ☐
- ☐ ☐ ☐
- ☐ ☐ ☐
- ☐ ☐ ☐
- ☐ ☐ ☐
- ☐ ☐ ☐

11. **Prior illnesses, operation, injuries or treatments:** \_\_\_\_\_

\_\_\_\_\_

12. **Social History** (Tell Peace Chiropractic about your health habits)

Allergies: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_

13. **Medications/Supplements:** \_\_\_\_\_

\_\_\_\_\_

14. **Goals/Problems** \_\_\_\_\_



POC



NOTE



CODES



CHARGES