

PATIENT DEMOGRAPHIC FORM



DATE: _____

PATIENT INFORMATION

Last Name	First Name	Middle Initial	Nickname/AKA
Date of Birth	Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Home Address	Apt. #	City	State Zip Code
Cell #	Home #		
Email Address	Employment Status ☐ Employed ☐ Self Employed	☐ Not Employed ☐ Retired	☐ Child ☐ Active Duty Military ☐ Student ☐ Other
Primary Care Physician			

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Relationship to Patient
Cell #	Home #	

MEDICATIONS

- | | |
|---|--|
| ☐ High Blood Pressure | ☐ Anti-inflammatory |
| ☐ Cholesterol | ☐ Acid reflux |
| ☐ Blood Thinners | ☐ Other _____ |
| ☐ Diabetes/Metabolic Medication(s) | ☐ _____ |
| ☐ Pain Medication(s) | ☐ _____ |

SURGERIES

- | | |
|-------------------------------------|---|
| ☐ Back/Neck | ☐ Heart/Cardiovascular |
| ☐ Shoulder | ☐ Pacemaker |
| ☐ Hip | ☐ Carotid Artery |
| ☐ Knee | ☐ Other _____ |
| ☐ Ankle/Foot | ☐ _____ |

Head and ENT

- ☐ Headaches or migraines
- ☐ Blurred or double vision
- ☐ Eye or vision problems
- ☐ Postnasal drip
- ☐ Vertigo

Cardiovascular

- ☐ Coronary artery disease
- ☐ High blood pressure
- ☐ High cholesterol or triglycerides
- ☐ Carotid artery disease
- ☐ Blood clots
- ☐ Dizziness
- ☐ Lower extremity edema

Musculoskeletal

- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Rheumatoid arthritis
- ☐ Connective Tissue Disorders
- ☐ Ehlers Danlos Syndrome

Respiratory

- ☐ Sleep apnea
- ☐ Asthma
- ☐ COPD
- ☐ Pneumonia
- ☐ Persistent cough
- ☐ Shortness of breath

Neurological

- ☐ Wheezing
- ☐ Lung Cancer
- ☐ Stroke
- ☐ Anxiety
- ☐ Depression
- ☐ Epilepsy or seizures

Genitourinary

- ☐ Painful or frequent urination
- ☐ Kidney Stones
- ☐ Urinary tract infections
- ☐ Blood in the urine
- ☐ Blood clots

Endocrine

- ☐ Diabetes
- ☐ Hyperthyroidism
- ☐ Hyperparathyroidism
- ☐ Pancreatic Conditions

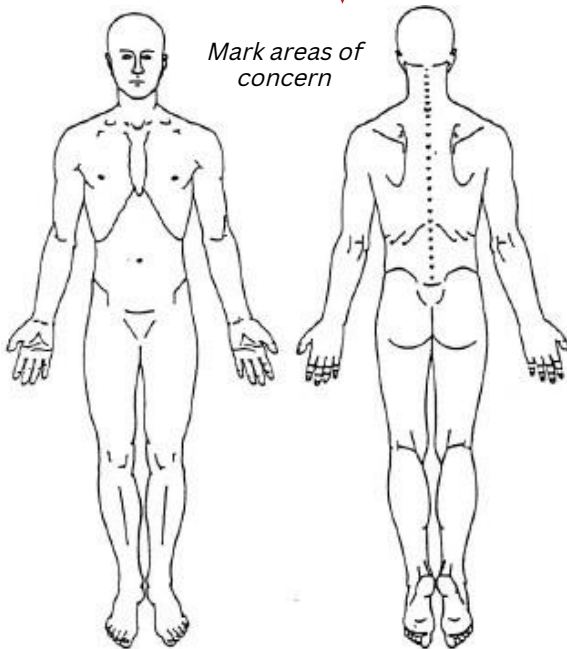
Dermatology and Hematology

- ☐ Eczema
- ☐ Skin Rashes
- ☐ Psoriasis
- ☐ Luekemia

Gastrointestinal

- ☐ Abdominal Pain
- ☐ Black or bloodied stools
- ☐ Heartburn
- ☐ Nausea or vomiting
- ☐ Constipation
- ☐ Bloating
- ☐ Colitis
- ☐ Chron's disease
- ☐ Difficulty Swallowing
- ☐ Gastric reflux
- ☐ Hemorrhoids
- ☐ Irritable Bowel Syndrome
- ☐ Liver disease
- ☐ Pancreatitis
- ☐ Severe diarrhea
- ☐ Ulcers

CHIEF COMPLAINT QUESTIONNAIRE



Mechanism of Injury: _____

Onset:

(how long has this been going on?) ☐ days ☐ weeks ☐ months ☐ year(s)

What makes it better?

(circle all that apply) ☐ ice ☐ standing ☐ walking ☐ sitting ☐ sleep

What makes it worse?

(circle all that apply) ☐ ice ☐ standing ☐ walking ☐ sitting ☐ sleep

Quality:

(circle all that apply) ☐ dull ☐ achy ☐ sharp ☐ tingling ☐ numbness
☐ tight ☐ crampy

Severity:

(circle one)

0 1 2 3 4 5 6 7 8 9 10
mild mild/ moderate moderate/ severe
 moderate

Frequency:

(circle one)

☐ occasional - 0-25%
☐ intermittent - 25-50%
☐ frequent - 50%-75%
☐ constant - 75%-100%

INFORMED CONSENT

Material Risk Inherent to Chiropractic Healthcare

Not only should you understand the benefits of chiropractic care and treatment in restoring and maintaining health, but also you should be aware of the existence of some inherent risks and limitations. These are seldom enough to contraindicate care but should be considered in making the decision to receive chiropractic care. All health care procedures, including those used in varying degrees have some risks associated with them. Risks associated with some chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurological injury, fracture, vertebral artery syndrome (VAS) including stroke and perhaps, death through complicating factors. Risk associated with physiotherapy may include not only the foregoing but also allergic reaction and muscle and/or joint pain.

Probability of Risk

Fractures are rare occurrences that result from some underlying weakness in bone which can be checked for during the process of history, examination, and x-ray. Stroke has been the subject of tremendous disagreement. The incidents of stroke are exceedingly rare and are estimated by the latest literature to occur between one and one million and one in five million cervical adjustments. The other complications are generally described as rare.

Availability and Nature of other Treatments

Other treatment options available for your condition may include:

1. Self-administered over-the-counter analgesics and rest.
2. Medical care and prescription drugs such as anti-inflammatory, muscle relaxants, and pain killers.
3. Surgery.

Risk and Dangers Attendant to Remaining Untreated

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing function. Over time, this process may complicate treatment making it more difficult and less effective the longer it is postponed.

AUTHORIZATION FOR CHIROPRACTIC CARE AND TREATMENT

I have been informed of the nature and purpose of the chiropractic care, the possible consequences of the care, and the risks of the care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained, including the risks, consequences, and probable effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

X

Signature of Patient/Parent/Legal Guardian

ACKNOWLEDGEMENT OF PRIVACY NOTICE

X

Signature of Patient/Parent/Legal Guardian