CASE HISTORY

Date:		<u>_</u> C	Case Number:			Email:				
Name:			Address (City		, State, Zip):					
Phone (Home):Da		Date of	ate of Birth: Ane		Sex: M F Marital		Status: S	S M D W		
	n:Emplo									
Spouses (Occupation:	<u> </u>	pouses Employe	r:	Sr	ouses	s Date of Bi	rth:		
Referred F	By:	P	ast Chiropractic	Care: Y	es No	Whe	n:			
	ast name:		-							
	plaint:			NCSUIT	J					
	Company:		SS No ·		Dr	rivors	Liconso No	.:		
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	present injuries du									
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•	ow or have you e		-			No L	_ast Physica	al		
If yes, Wh	ien		Но							
	AL SYMPTOMS		O-INTESTINAL		R NOS THR			SPIRATORY		
784.0	Headache	783	Poor Appetite	368.9	Poor Vision		786.2	Chronic Cough		
780.6	Fever	536.8	Poor Digestion	378.9	Crossed Eye		786.3	Spitting Blood		
780.9 780.8	Chills	994.2 787.3	Excessive Hunter	379.91	Pain in Eyes Deafness	S	933.1 786.50	Spitting Phlegm Chest Pain		
780.8	Night Sweats Fainting	787	Belching or Gas Nausea	388.70	Earache		786.09	Difficulty Breathing		
780.4	Dizziness	787	Vomiting	388.30	Ear Noises		/00.0/	Dimetry Dicatining		
780.3	Convulsions	578	Vomiting Blood	388.60		raes	GENI	TO-URINARY		
780.52	Loss of Sleep	536.8	Pain Over Stomach	478.1	Nasal Obstr	0	788.3	Frequent Urination		
780.7	Fatigue	564	Constipation	784.7	Nose Bleeds		788.1	Painful Urination		
799.2	Nervousness	558.9	Diarrhea	462	Sore Throat	t	599.7	Blood in Urine		
783	Loss of Weight	789	Colon Trouble	784.49	Hoarseness	i	592	Kidney Infection		
782	Numbness or Pain in	455.6	Hemmorrhoids (Piles)	477.9	Har Fever		788.3	Bed Wetting		
	arms / legs / hands	785.1	Liver Trouble	493.9	Asthma		788.1	Inability to Control		
995.3		782.4	Jaundice	460	Frequent Co			Urine		
786.09	Wheezing	575.9	Gall Bladder	240.9	Enlarged Th	nyroid	601.9	Prostate Trouble		
729.2	Neuralgia		Trouble	<u> </u>	Tonsillitus					
MUSC	CLE & JOINTS					Sinus Trouble FOR WOMEN ONLY				
WOSC	Weakness	VARD	Rapid Heart	SKINC	Skin Eruptio			Painful Periods		
	Twitching		Slow Heart		Itching	0110		Excessive Flow		
847	Stiff Neck		High Blood Pressure	<u>,</u>	Bruising Ea	sily		Irregular Cycles		
722.10	Backache		Low Blood Pressure		Dryness	-		Hot Flashes		
719	Swollen Joints		Pain Over Heart		Boils			Cramps or Backache		
781	Tremors		Prev. Heart Trouble		Sensitive SI			Miscarriage		
729.5	Foot Trouble		Swelling of Ankles		Hives or All	ergy	·	Vaginal Discharge		
724.79	Painful Tail Bone Pain Between Shoulders		Poor Circulation		Eczema			Pregnant at this time		
724.5 553.9	Hernia		Caricose Veins Strokes		Medicines		By Who:	Last Pap		
737.3	Spinal Curvature		Strukes				Other:			
/37.5							other.			
	HABITS	E	EXERCISE				' HISTORY			
	Smoking pks/day		None		Dial	betes	Heart Kidne	ey Cancer Back		
	Drinking Alchohol		Moderate	Mother						
	Coffee cups/day		Daily	Fater Brother No. of						
				Sister No. of						
HAVE Y	OU HAD ANY OF TH	E FOLLOWI	NG DISEASES?							
541	Appendicitis	285.9	Anemia	429.9	Heart Disea	ise	716.9	Arthritis		
541	Pneumonia	285.9	Measles	429.9	Goiter		716.9	Epilepsy		
541	Rheumatic Fever	285.9	Mumps	429.9	Influenza		716.9	Mental Disorder		
541	Polio	285.9	Chicken Pox	429.9	Pleurisy		716.9	Lumbago		
541	Tuberculosis	285.9	Diabetes	429.9	Alcoholism		716.9	Eczema		
541	Whooping Cough	285.9	Cancer	429.9	Venereal In	fection				

OPERATIONS & PROCEDURES

Bottom Office Use Only Spinal Examination and Analysis Georges Test LEFT RIGHT	Date	Vaccinations	Date	Tubes in Ears	Date	Sinu	S
Date	Date	Tonsillectomy					
Dther							
IST ANY ACCIDENTS OR FALLS: Car Other Sports Other Sports School Sports School Sports School Swe on Crutches? Yes Ave you ever knacked unconscious? Yes Yes No Ave you ever knacked unconscious? Yes For what aliments were these pictures made? By Whom? O you suffer from any condition other than that which you are now consulting us? School Are you presently taking any medication – Prescription or patent? for x-rays, is for examination only and the x-ray negatives will remain the property of this office, being on file where they may be seen at any time while a transferable.) Signature: Date: Date: For avial added bookkeeping expense, payment is expected at the time service is rendered unless other arrangements are made. Date: Signature: Xex was an any time while a two and the date darined the date and the date darined the date darined the date and the date darined date date date date date date date da	Date	Back Operations	Date				
Wotorcycle Other Sports School SROKEN BONES OR DISLOCATIONS: (Fractures) School Sever on Curches? Yes Have you ever had an spen or spinal injections? Yes Tave you ever had an spen of memory? Have you ever had X-Rays Taken? Tave you ever had a lapse of memory? By Whom? To what aliments were these pictures made? By Whom? Or what aliments were these pictures made? By Whom? To what aliments were these pictures made? By Whom? Or what aliments were these pictures made? By Whom? To what aliments were these pictures made? For x-rays, is for examination only and the x-ray regatives will remain the property of this office, being on file where they may be seen at any time while a batient of this office. The patient also agrees s/he is responsible for payment for all bills incurred at this office. (X-rays are not transforable.) Signature: Date: To avoid added bookkeeping expense, payment is expected at the time service is rendered unless other arrangements are made. Solar Add added bookkeeping expense, payment is expected at the time service is rendered unless other arrangements are made. Solar Hail to a date to okkeeping expense, payment is expected at the time service is rendered unless other arrangements are made. S						(list type	e and date)
Sports School							
BROKEN BONES OR DISLOCATIONS: (Fractures) very on curches? YesNo Have you ever had any spinal taps or spinal injectons? YesNo Have you ever had alpse of memory? No Have you ever had alpse of memory? By Whom? or what aliments were these pictures made? By Whom? or what aliments were these pictures made? By Whom? fs, what drugs?				Other			
Ever on Crutches? Yes No Ave you ever had any spinal taps or spinal injections? Yes No Nere you ever had any spinal taps or spinal injections? Yes No Yes No By Whom?				School			
Have you ever had any spinal taps or spinal injections? Yes No No Have you ever had a lapse of memory? By Whom? Have you ever had X-Rays Taken? f'so, When: By Whom? f'so, When: By Whom?							
Were You ever knocked unconscious? YesNo Have you ever had a lapse of memory? By Whom? For what allments were these pictures made? By Whom? Oa you suffer from any condition other than that which you are now consulting us?							
Have you ever had a lapse of memory?				Yes No			
if so, When:					ou over had V D	ave Takon?	
For what allments were these pictures made? Do you suffer from any condition other than that which you are now consulting us? Are you presently taking any medication – Prescription or patent? for, what drugs? WOTE: It is understood and agreed the amount paid he x-ray negatives will remain the property of this office. The patient also agrees s/he is responsible for payment for all bills incurred at this office. (X-rays is for examination only and the x-ray negatives will remain the property of this office. The patient also agrees s/he is responsible for payment for all bills incurred at this office. (X-rays is for examination only and the x-ray negatives will remain the property of this office. Use only Signature:							
Do you suffer from any condition other than that which you are now consulting us?	For what ailr	ments were these nictures	made?	by who	····:		
Are you presently taking any medication – Prescription or patent?	Do vou suffe	r from any condition other	than that which w	ou are now consulting	1152		
f so, what drugs?	bo you sund	i nom any condition other		ou are now consulting	us:		
f so, what drugs?	Are you pres	sently taking any medication	on – Prescription or	natent?			
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