CONSULTATION HISTORY

Patient's Name _____ Date _____

Do you have any concerns about seeing a Chiropractor? _____

_____

_____

Major Complaint: (Describe. How Long? How Often? How Severe?)

_____

_____

_____

Other (weight, mood swings, sinus trouble, asthma, diabetes, digestive troubles, arthritis, fatigue, etc) _____

_____

_____

What do you think contributed to your problem? (Example: accident, auto injury, work injury, sports trauma, repetitive motion on the job, etc.). _____

_____

_____

_____

Since the time you began suffering from this problem what, if anything, have you tried that did not work? (Ex: Ice, Heat, Rest, Over the Counter Meds, Prescription, other): _____

_____

_____

_____

While these may have given you temporary relief do you see that they haven't truly fixed your problem? ❑ Yes ❑ No

Give me an example of a day when your problem was at its worst, how did it mess things up? ___

_____

_____

_____

_____

How has it affected your attitude (less fun to be around, depressed, just not quite yourself) ? ____

_____

_____

When your problem is at its worst how does it affect your work?_____

_____

_____

How has it affected your family (getting less done around the house, not able to do certain activities)?_____

_____

Is it keeping you from doing something with your family or at home that you otherwise would?_

_____

Who's more disappointed you or them?_____

Do you have any Hobbies or interests?_____

What is it like trying to do that with your condition?_____

_____

Has this problem interrupted your sleep pattern yet? ❑YES ❑NO

If Yes, please describe?_____

_____

When the problem is at its worst, how much older does it make you feel?_____

So, this problem has been going on _____ years/months. If you don't do something soon how much worse do you think it will get?

_____

_____

When it does get that bad what will your life be like then?_____

_____

So you are here today to see if Chiropractic can help, is that correct?❑ Yes❑ No

On a scale of 1-10, ten being the highest, rate your commitment to getting rid of the problem.___

If not a ten, then what is preventing you from being a ten?_____

_____

_____

_____

_____

_____