CONFIDENTIAL CASE HISTORY UPDATE

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Date: _____

Full Legal Name: _____ **Preferred Name:** _____

Address: _____ **City/State/Zip** _____

Phone: (home) (____) _____ **(work)** (____) _____ **(Cell)** (____) _____

e-mail address: _____

Your Employer: _____ **Employer Phone** (____) _____

Employer Address: _____

UPDATED MEDICAL HISTORY since ( ) last date in our office

List any surgeries (include dates & reason): _____

List any hospitalizations (include dates & reason): _____

List any auto accident injuries (include dates): _____

List any on the job injuries (include dates): _____

List any current or past major medical conditions you have had (cancer, diabetes, heart disease, arthritis, etc.):

_____

List all current over-the-counter and prescription medications used (include reason used):

_____

_____

Have you been under a physician's care in the past year? ☐ **no** ☐ **yes (reason)** _____

If female, is there a possibility that you are pregnant? ☐ **no** ☐ **yes**

HAVE YOU HAD *ANY* OF THE FOLLOWING:

NOW:

- ☐ Pain worse at night
- ☐ Constant pain
- ☐ Unexplained weight loss
- ☐ Recent bacterial infection (30 days)
- ☐ Loss of bowel or bladder control
- ☐ Urinary discharge
- ☐ Recent surgery (30 days)

EVER:

- ☐ History of cancer
- ☐ History of IV drug use
- ☐ History of blood transfusion

What is your primary complaint/problem? _____

List other symptoms: _____

When did your symptoms first begin (give date if possible)? _____

How did your symptoms first begin? _____

Other information? _____

_____

_____

NOTICE TO ALL PATIENTS: **Payment in full for chiropractic services rendered is due in full at the end of each visit. If for any reason this request cannot be met, arrangements must be made in advance before seeing the physician. We value and protect your privacy. I grant permission to the Dr. to use the information in my medical record to assist in the clinical improvement process.**

Patient Signature: _____ **Date** _____