Case History

Date (dd/mm/yy) _____ Name: _____
Address _____ City _____ Prov. _____ Postal Code _____
H. Phone (____) _____ W. Phone (____) _____ ext _____ Date of Birth (dd/mm/yy) _____
Cell #_____ Email _____ Referred by: _____
Occupation _____ Employer _____
Marital Status (circle one) S M D W Spouses Name _____
Spouses Occupation _____ Number of Children & Ages _____
Have you ever received Chiropractic Care? ☐ Yes ☐ No

About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system , that resulted in poor health. Following your exam, your Chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

Loss of Wellness

Let's begin at birth when you first damaged your nerve system, lost your wellness and began your journey to ill health.

Yes	No		Patient Comment If answer is Yes	Chiropractor's Comments
		1. Birth Process		
☐	☐	Was the delivery long?		
☐	☐	Was the delivery difficult?		
☐	☐	Forceps?		
☐	☐	Caesarean?		
☐	☐	Breach/cephalic?		
☐	☐	Home birth?		
☐	☐	Hospital birth?		
☐	☐	Mother given drugs during delivery?		
☐	☐	Was labour induced?		
☐	☐	2. Growth and Development		
☐	☐	Were you taught how to take care of your spine?		
☐	☐	Did you fall out of bed?		
☐	☐	Did you bang your head or rock back and forth?		
☐	☐	Were you breast fed?		
☐	☐	Childhood sickness?		
☐	☐	Accidents?		
☐	☐	Surgery?		
☐	☐	Drugs?		
☐	☐	Did you fall while learning to walk?		
☐	☐	Were you picked on by siblings?		
☐	☐	Child Abuse		
☐	☐	Spanking (how?)		
☐	☐	Pulled ear/chin		
☐	☐	Other		
☐	☐	Chair pulled out when you sat down?		
☐	☐	Did you fall down stairs?		
☐	☐	Were you yanked by your arm?		
☐	☐	Did you have other traumas? What? When?		

Yes	No	3.Current Health Habits		
☐	☐	Did/do you smoke?		
☐	☐	Did/do you drink any alcohol?		
☐	☐	Diet (Do you eat healthy foods)		
☐	☐	Have you been in accidents?		
☐	☐	Have you had surgery & organs removed/replaced?		
☐	☐	Drugs? (Prescriptive or non-prescriptive)		
☐	☐	Teeth Problems?		
☐	☐	Eye problems?		
☐	☐	Hearing problems?		
☐	☐	Exercise regularly?		
☐	☐	Sleeping habits (nightmares?)		
☐	☐	Did/do you have occupational stress?		
☐	☐	Physical Stress?		
☐	☐	Mental Stress?		
☐	☐	Hobbies/Sports injuries?		
☐	☐	Sleeping posture ☐ side ☐ stomach ☐ back		

Symptoms and Ill Health (Present State of Health)

Finally, the years of continuing damage showed up as acute or chronic symptoms.
Present complaint (be brief)
Major_____
Pain or Problem started on _____
Pains are: ☐ Sharp ☐ Dull ☐ Constant ☐ Intermittent
What activities aggravate your condition/pain? _____
What activities lessen your condition/pain? _____
Is your condition worse during certain times of the day?_____
Is this condition interfering with work? _____ Sleep? _____ Routine? _____ Other? _____
Is this condition getting progressively worse?_____
Other Doctors seen for this condition _____
Any home remedies? _____

Other Symptoms:

☐ Headaches	☐ Pins & Needles in Legs	☐ Fainting
☐ Neck Pain	☐ Pins & Needles in Arms	☐ Loss of Smell
☐ Sleeping Problems	☐ Numbness in Fingers	☐ Loss of Taste
☐ Back Pain	☐ Numbness in Toes	☐ Diarrhea
☐ Nervousness	☐ Shortness of Breath	☐ Feet Cold
☐ Tension	☐ Fatigue	☐ Hands Cold
☐ Irritability	☐ Depression	☐ Stomach Upset
☐ Chest Pain	☐ Lights Bother Eyes	☐ Constipation
☐ Dizziness	☐ Loss of Memory	☐ Cold Sweats
☐ Face Flushed	☐ Ears Ring	☐ Loss of Balance
☐ Neck Stiff	☐ Fever	☐ Buzzing in Ears

Medical Doctor (Name and Telephone Number) _____
What medications are you taking? _____
How long? _____ Have you had surgery? _____ What? _____ When? _____
What side effects have you experienced from the drugs and/or surgery?_____
Is there a family history of:

	Heart Disease	Arthritis	Cancer	Diabetes	Other
Father's Side	☐	☐	☐	☐	☐ _____
Mother's Side	☐	☐	☐	☐	☐ _____

Loss of Wellness

Chiropractic provides three types of care. The first is Initial Intensive Care which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. Then begins **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to Wellness Care. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.