

Discover Chiropractic Patient Health Profile

Name: _____ Date: _____ Age: _____ Male / Female
Address: _____ City: _____ State: _____ ZIP _____
Cell# _____ Home# _____ Work# _____
Email: _____ Date of Birth: ____ / ____ / ____
Occupation _____ Employers Name _____
Single / Married / Divorced / Widowed Spouse Name _____
of Children _____ Names, Ages & Gender: _____

Who may we thank for referring you to our office: _____

Your Health Profile:

Please list your health concerns below:

Health Concerns: List Health Concerns according to severity	Rate of severity 1=mild 10=unbearable	When did this episode start?	If you had the condition before, when?	Did the problem begin with an injury	Are symptoms constant or intermittent?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Please describe how your health concerns are affecting your life: _____

If you are experiencing pain, is it ... Sharp or Dull
Does the pain travel / radiate anywhere? Yes / No . If Yes, please describe _____

Since the problem started, is it... About the Same / Getting Better / Getting Worse

What makes it Worse? _____

What have you done that helps it feel better: _____

Other Drs. Seen for this condition: Chiropractor / Medical Dr. / Other _____

When & Who? _____

List surgical operations & years: _____

List all medications you are on: _____

When was your last auto accident? _____
Have you had previous chiropractic care? Yes / No If yes, Dr. and date: _____
Have you ever been: Knocked Unconscious - Yes / No Fractured Bone - Yes / No
Describe: _____
Other Bodily Trauma: _____

Please CIRCLE any current problems you have had in the last 2 years:

Asthma	Arthritis	TMJ	Chronic Fatigue
Epilepsy	Gastric Reflux	Heart Disorders	Lupus
Ulcers	Sciatica	Irritable Bowel	Nausea
Dizziness	Numbness in Arms	Disc Problems	Menstrual Disorder
Kidneys	Numbness in Legs	Liver Disease	Neck Pain
Headaches	Numbness in Hands	Low Back Pain	Migraines
Vertigo	Numbness in Feet	Mid Back Pain	Stiff Neck
Chest Pains	Ear Infections	Stomach Disorder	Hip Pain
Arm Pains	Grating in Neck	Leg Pains	Anxiety
Nervousness	Shoulder Pain	Fainting	Chronic Sinus
Other:	_____		

Circle any conditions you have or have ever had: Stroke / Cancer / Heart Disease
Spinal Surgery / Seizures / Spinal bone fracture / Scoliosis / Diabetes

If this Health Profile is for a Minor/Child, please sign below

Written Consent for a Child/Minor

Patient Name: _____

I authorize Dr. Jeremy Hess and/or Dr. Amanda Hess and any and all Discover Chiropractic staff to perform diagnostic procedures, radiographic evaluations, render chiropractic care and perform chiropractic adjustments to my child/minor.

As of this date, I have the legal right to select and authorize health care services for my minor. If my authority to select and authorize care is revoked or altered, I will immediately notify Discover Chiropractic.

Date: _____ Signature: _____
Witness: _____ Relationship to Patient: _____