

Dr. Lynda L. Purdy Chiropractic Physician

248-3rd Avenue E.
Kalispell, MT 59901-4532

406-755-1113
FAX 406-260-4021

NEW INJURY INTAKE FORM

Name: _____ Date _____

1. What brings you to the office today? _____
2. When did this problem begin? _____ (give specific date if possible)
3. Please describe in detail how this problem began? _____

4. Please describe your discomfort/pain using as many descriptive words as necessary. (circle or describe) dull, achy, throbbing, sharp, electrical, mild, burning, etc. _____
5. Does it come & go, or is it constant? How much of the time is the current problem present? ___76-100% ___51-75% ___26-50% ___25% or less. Does pain spike? _____ How often? _____ times per day/hour/week
6. Please place an 'X' on the line below to represent the **INTENSITY** (how bad) of your problem right now.
NO PAIN/ _____ **CAN'T IMAGINE**
PROBLEM 0 _____ 10 **IT ANY WORSE**
7. Has this problem gotten (circle one) better / worse / stayed the same since it began?
8. Please list any other symptoms or problems you have noticed that are **associated** with this problem, i.e. headaches, nausea, numbness, weakness, tingling, constipation, etc. _____

9. What other treatment have you had/tried for this problem if any? (medications, therapy, exercise, ice, heat, chiropractic, herbals, surgery, supports, etc. other _____ (feel free to circle)
10. What position or activity makes this problem better? _____
11. What position or activity makes this problem worse? _____
12. Have you ever had this problem or one similar before? _____ If yes, How was it treated? _____
_____ How many times has this happened? _____ When was the first time? _____
13. What activities, if any (at home, play, or work), have changed as a result of this problem?

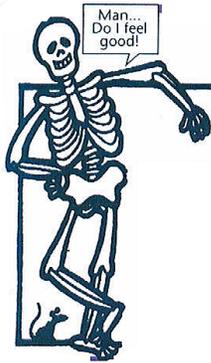
14. Do you need assistance with basic functions (i.e.: getting dressed, bathing, eating) as a result of this problem?
_____ If yes, what do you need help with? _____

Since you were last seen have there been any changes in medications? If so please list all meds you are now taking.

Since your last visit have you had any new surgeries or major illnesses? _____

Please list any other complaints, concerns, or problems here _____

Signature _____ Date _____



Dr. Lynda L. Purdy Chiropractic Physician

Name: _____

Date: _____

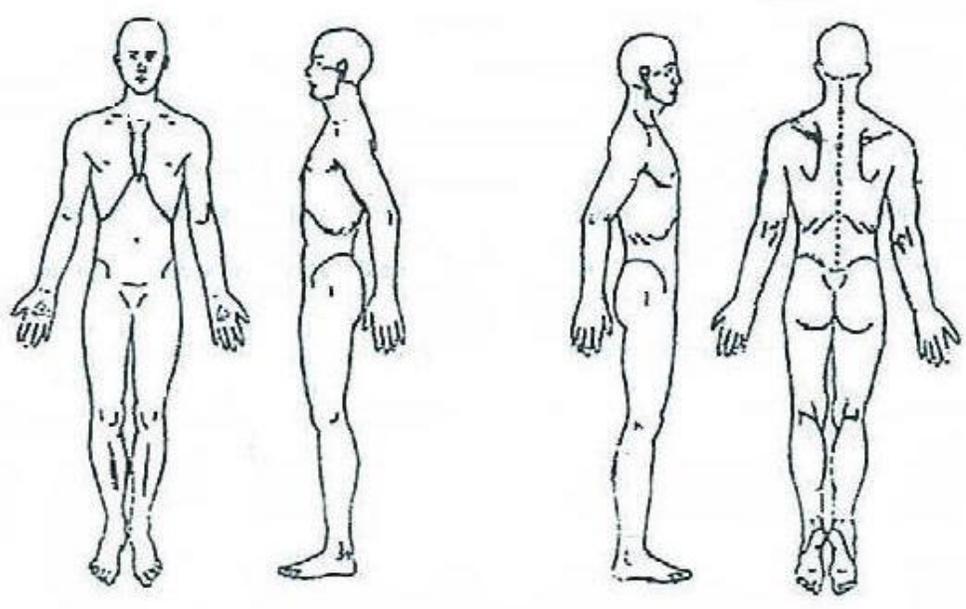
Mark the figures below as close as possible to the area of complaint using the key to indicate what you are feeling. Be sure to include all of your problems if possible and mark the entire area of complaint. If it travels or is connected by a line draw the line with the appropriate key attached (for example if you get burning that starts at the buttock and goes down the side of the right leg then put a B where it starts in the right buttock and draw a line down the right leg to where it ends). Feel free to write descriptions with arrows if these don't really fit.

KEY:

- Ache: Z
- Burning: B
- Numbness: N
- Electric: E
- Pins & needles: ===
- Sharp: ///
- Spasm: S
- Weakness: W
- Tingling: T

What is the major complaint? _____

When did this problem begin? (be specific) _____



Signature _____ Date _____