Cromwell Family Chiropractic

***Purpose of visit:***
- ☐ *Massage*
- ☐ *Decompression*
- ☐ *PEMF*

***CA: Attach correct consent signature page***

# THERAPY PATIENT INTRODUCTION

**Date**_____ **Case #**_____

Name_____ Nickname_____
Address_____ City_____ State_____ Zip_____
Cell Phone_____ Land Line_____ Work Phone_____
Sex: M F Marital Status: S M D W Birth date_____/_____/_____ Soc. Sec. #_____
How did you hear about our clinic? _____ Employer_____
**Emergency Contact Name:** _____ **Phone #**_____

## APPOINTMENT REMINDERS AND OFFICE CORRESPONDENCE:

*By filling out this section, you give us consent to contact you by text and email.*

E-mail address _____

## PRESENT COMPLAINT

Briefly describe Symptoms:_____

Other doctors seen in past 6 months:_____

| ***List all Surgeries:*** | ***When?*** | ***List all Medications:*** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you diabetic? ☐ Yes ☐ No
Are you pregnant? ☐ Yes ☐ No
Do you have any dental implants? ☐ Yes ☐ No
Do you have any electrical devices implanted in your body? ☐ Yes ☐ No
(cochlear implant, pacemaker, defibrillator, insulin pump, etc.)
Do you regularly: ☐ Smoke? ☐ Wear Contact Lenses? ☐ Drink Alcohol?

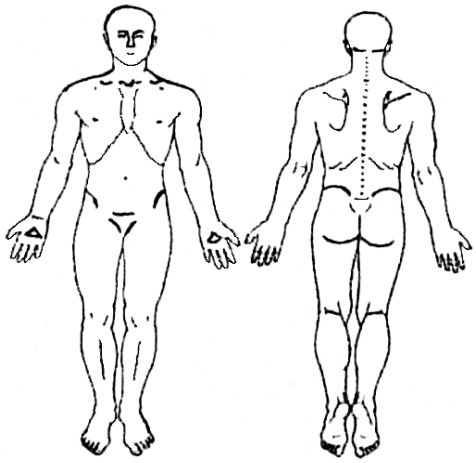
***Have you had:***

- ☐ A fall or accident recently
- ☐ Surgery in the past 2 years
- ☐ Any spinal problems
- ☐ Respiratory problem(s)
- ☐ An allergic reaction, particularly to peanuts/nuts?
- ☐ A broken bone in the past 2 years
- ☐ Pain in arms, shoulders or legs
- ☐ Physically or sexually abused
- ☐ Cancer

***Indicate if you have any of the following conditions:***

- ☐ Diabetes
- ☐ Epilepsy
- ☐ High Blood Pressure
- ☐ Chronic bowel problems
- ☐ Skin Problems:_____
- ☐ A Heart Condition
- ☐ Low Back Pain
- ☐ Headaches
- ☐ Arthritis or other joint problems

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol to mark all affected areas.



| NUMBNESS | BURNING | STABBING | PINS & NEEDLES |
|---|---|---|---|
| " " " | x x x | / / / | 0 0 0 |

***Notes:***