Acme Chiropractic

515-412-1003

Patient Information

Name:____

Date of Birth:____________________ Email:______________________________

Address:____

City:______________________________ State:__________ Zip Code:________________

Phone:______________________________ Mobile Carrier:____________________________

Marital Status:______________________________ Tobacco Use:______________________

Pregnant? (Women only)____________________

Emergency Contact

Name:____

Relationship:______________________________Phone:______________________________

Complaint Summary

Describe Complaint:____

____

How & When Did it Begin:____

____

Pain Intensity

- ☐ Minimal
- ☐ Slight
- ☐ Moderate
- ☐ Severe

Describe Pain

- ☐ Sharp
- ☐ Stabbing
- ☐ Dull
- ☐ Achy
- ☐ Stiff/Sore
- ☐ Numbness/Tingling
- ☐ Other____

Frequency

- ☐ Intermittent
- ☐ Occasional
- ☐ Frequent
- ☐ Constant

Does This Pain Radiate? (If so, where?)

- ☐ Forehead
- ☐ Base of Skull
- ☐ Side(s) of head
- ☐ Temple
- ☐ Shoulder(s)
- ☐ Forearm(s)
- ☐ Hand/Fingers
- ☐ Hip(s)
- ☐ Calf(s)
- ☐ Foot/Feet/Toe(s)
- ☐ Thigh(s)/Knee(s)
- ☐ Other:____

List Daily Activities Most Affected:____

____

List Any Treatment You Have Received for This Complaint:____________________________

____

____

Currently Taking any Medications?____

____

Allergies:____

____

Check Below Any Symptoms You've Had:

- ☐ Headache/Migraine
- ☐ Chest Pain
- ☐ Asthma
- ☐ Difficulty Breathing
- ☐ Skin Problems
- ☐ Arthritis
- ☐ Dizziness
- ☐ Bruise Easily
- ☐ Hearing Loss
- ☐ Frequent Colds
- ☐ Excessive Gas
- ☐ Diarrhea
- ☐ Constipation
- ☐ Heart Attack
- ☐ ADHD/ADD
- ☐ Eating Disorder
- ☐ Sciatica
- ☐ Anxiety Disorder
- ☐ Varicose Veins
- ☐ Stroke
- ☐ Depression
- ☐ High Blood Pressure
- ☐ Learning Disability
- ☐ Trouble Sleeping
- ☐ Ear Infection
- ☐ Low Blood Pressure
- ☐ Gall Bladder Issues
- ☐ Cancer
- ☐ Prostate Issues
- ☐ IBS
- ☐ Menstrual Cramps (Women only)
- ☐ Kidney Infection or Stones
- ☐ Thyroid Issues

Patients Signature_____________________________________**Date**____________________