

Health First Chiropractic Clinic, P.C.
Consultation History

Patient Name: _____ **Today's Date:** _____

Please describe how complaint/symptom started: _____

Major Complaints:

- | | |
|----------|----------|
| A. _____ | D) _____ |
| B. _____ | E) _____ |
| C. _____ | F) _____ |

What have you heard about Chiropractic? _____

Which of your major complaints bother you the most? (circle one) **A B C D E F**

How long have you had the complaint(s)? _____

Prior to the problem beginning, did you ever have an earlier problem that was the same or similar? _____

Did it appear (circle one) **Slowly** **Immediately**

Does anyone else in your family have this problem or a similar one? _____

How often does it bother you now? _____

When it is at its worst, how does it feel? _____

When it is at its worst, how does it interfere with your normal daily activities? _____

Does this problem reduce your productivity or effectiveness regarding your work? _____

What have you done to improve or aggravate the problem? _____

How much older than you are, does your current problem make you feel? _____

If your problem was left unhandled for five years, how do you think it would affect you? _____

Are you committed to getting rid of not only your symptom(s) but what has caused it, even if it requires a change in your lifestyle? (circle one) **yes** **no**

Do you have children? If so please tell me about them, names and ages? Are they healthy, do you have any health related concerns for them? _____