CONFIDENTIAL PATIENT HISTORY

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Age _____ Birthdate _____ Marital Status: M S W D

Work Telephone _____ # Children _____ Spouse's Name _____

Occupation _____ Whom may we thank for referring you _____

Name and Address of Employer _____ Health Administrator's Name _____

HEALTH INFORMATION

Have you ever had Chiropractic care? ☐ Yes ☐ No

Main Complaint _____

Are you pregnant? ☐ Yes ☐ No

Other Complaints _____

Are you taking medication? ☐ Yes ☐ No If yes, what? _____

Sign here to authorize x-rays and necessary tests _____

How long have you had this condition? _____

Have you had similar conditions in the past? _____

Does this condition effect your family or social life? ☐ Yes ☐ No

What aggravates this condition? _____

_____

Other Doctors seen for this condition _____

What helps your symptoms? _____

Have you had any surgery, falls or accidents? ☐ Yes ☐ No

When? _____ Please describe _____

Date of last physical examination _____

INSURANCE INFORMATION

Is this condition due to:

A work related injury? ☐ Yes ☐ No An auto accident? ☐ Yes ☐ No

If you answered yes to either of the above questions, please complete other side of form.

Do you have Major Medical Health Insurance? ☐ Yes ☐ No

Company _____

Address _____

Does your company require a referral from your Primary Care Physician? ☐ Yes ☐ No

If yes, name of PCP _____ Phone _____

Do You Suffer From:

	YES	NO
Headaches	☐	☐
Arm Pain	☐	☐
Neck Pain	☐	☐
Shoulder Pain	☐	☐
Back Pain	☐	☐
Hip or Leg Pain	☐	☐
Chest Pain	☐	☐
Abdominal Pain	☐	☐
Sinus Trouble	☐	☐
Heart Trouble	☐	☐
Palpitation	☐	☐
Circulatory High or Low Blood Pressure	☐	☐
Female Problems	☐	☐
Prostate Disorder	☐	☐
Kidney Problems	☐	☐
Bladder Problems	☐	☐
Numbness/Tingling	☐	☐
General Fatigue	☐	☐
Digestive Disorders	☐	☐
Constipation	☐	☐
Loose Stool	☐	☐
Diabetes	☐	☐
Swollen Joints	☐	☐
Insomnia	☐	☐
Dizziness	☐	☐

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Jeffers' Neck & Back Pain Center will prepare any necessary reports and forms to assist mein making collection from the insurance company and that any amount authorized to be paid directly to Jeffers' Neck & Back Pain Center will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care or treatment, any fees for professional services rendered me will be immediately due and payable.

Patient Signature _____ Date: _____

Guardian or Spouse's Signature _____ Date: _____

Rowland-Morris Acute Low Back Pain Disability Questionnaire

ACTIVATOR METHODS® INTERNATIONAL LTD. 35th anniversary

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

Name (Please Print):_____ Date:_____

Age:_____ Date of Birth:_____ Occupation:_____

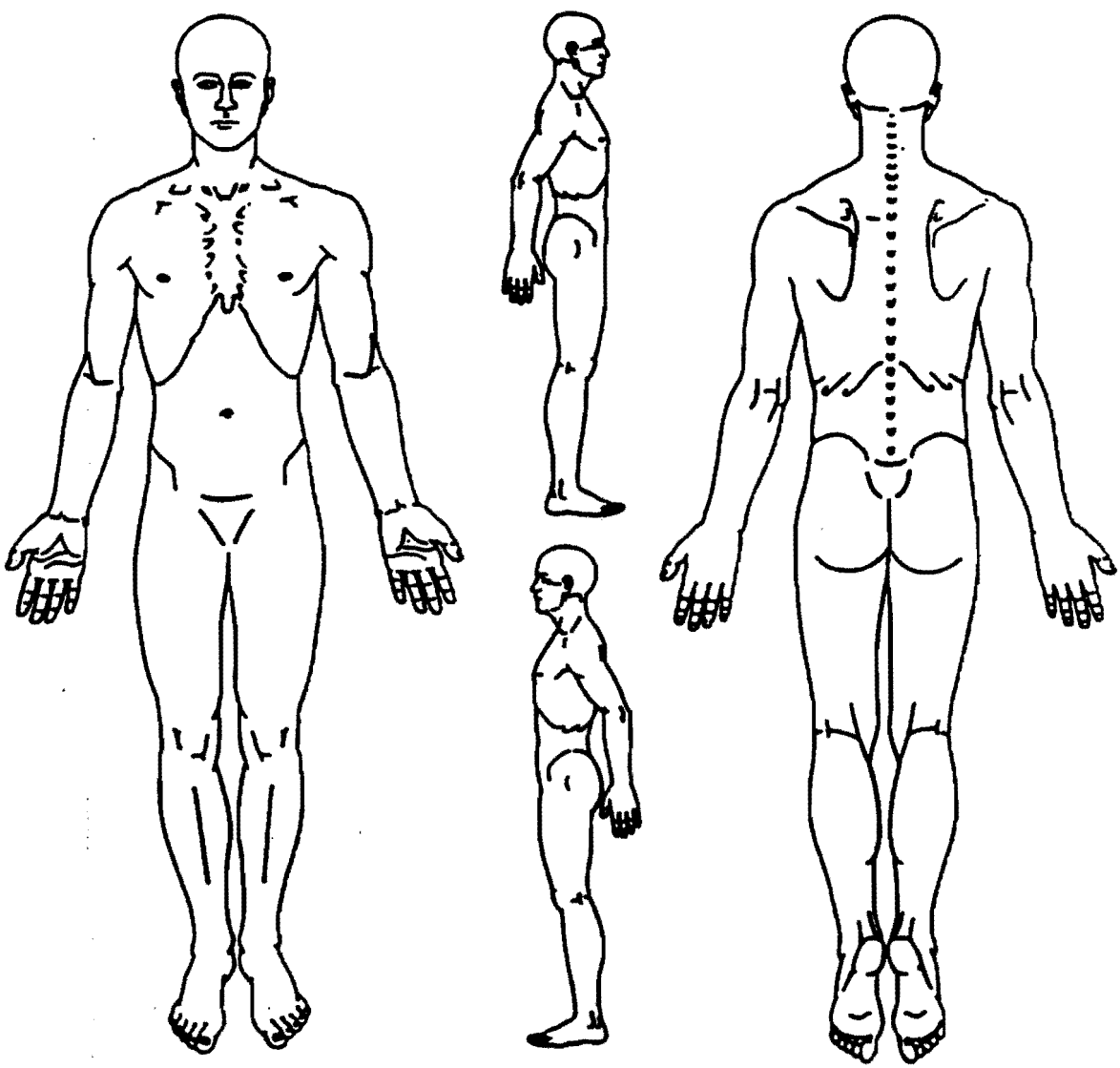
How long have you had low back pain? _____ Years _____ Months _____ Weeks

Is this your first episode of low back pain? _____ Yes _____ No

Use the letter below to indicate the type and location of your sensations right now

(Please remember to complete both sides of this form)

A = ACHE B = BURNING N = NUMBNESS P = PINS & NEEDLES S = STABBING O = OTHER



over please

Rowland-Morris Acute Low Back Pain Disability Questionnaire

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you today.

As you read the list, think of yourself today. Check the box next to any sentence that describes you today. If the sentence does not describe you, then leave the space blank and go on to the next one. Remember, only check the sentence if you are sure that it describes you today.

1. ___ I stay at home most of the time because of my back.
2. ___ I change position frequently to try and get my back comfortable.
3. ___ I walk more slowly than usual because of my back.
4. ___ Because of my back, I am not doing any of the jobs that I usually do around the house.
5. ___ Because of my back, I use a handrail to get upstairs.
6. ___ Because of my back, I lie down to rest more often.
7. ___ Because of my back, I have to hold on to something to get out of an easy chair.
8. ___ Because of my back, I try to get other people to do things for me.
9. ___ I get dressed more slowly than usual because of my back.
10. ___ I only stand up for short periods of time because of my back.
11. ___ Because of my back, I try not to bend or kneel down.
12. ___ I find it difficult to get out of a chair because of my back.
13. ___ My back is painful almost all the time.
14. ___ I find it difficult to turn over in bed because of my back.
15. ___ My appetite is not very good because of my back pain.
16. ___ I have trouble putting on my socks (or stockings) because of the pain in my back.
17. ___ I only walk short distances because of my back pain.
18. ___ I sleep less well because of my back pain.
19. ___ Because of my back pain, I get dressed with help from someone else.
20. ___ I sit down for most of the day because of my back.
21. ___ I avoid heavy jobs around the house because of my back.
22. ___ Because of my back pain, I am more irritable and bad tempered with people than usual.
23. ___ Because of my back pain, I go upstairs more slowly than usual.
24. ___ I stay in bed most of the time because of my back.

TOTAL SCORE:_____ SIGNATURE:_____ DATE:_____

General Pain Disability Index Questionnaire

ACTIVATOR METHODS® INTERNATIONAL LTD. 35th anniversary

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

Name (Please Print):_____ Date:_____

Age:_____ Date of Birth:_____ Occupation:_____

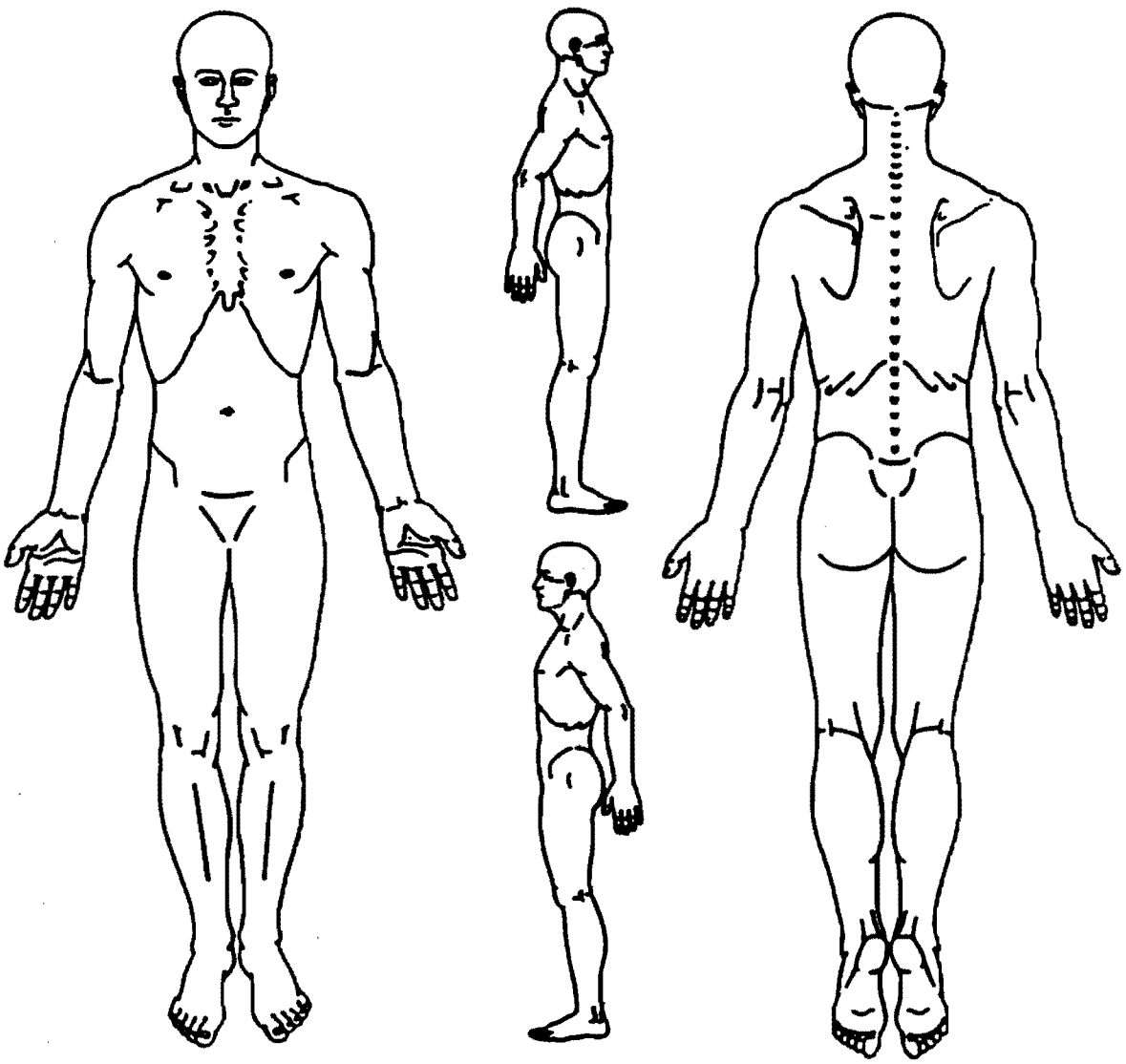
How long have you had this pain? _____ Years _____ Months _____ Weeks

Is this your first episode of this pain? _____ Yes _____ No

Use the letter below to indicate the type and location of your sensations right now

(Please remember to complete both sides of this form)

A = ACHE B = BURNING N = NUMBNESS P = PINS & NEEDLES S = STABBING O = OTHER



over please

FOR DOCTOR'S USE

Chief complaint (other than neck or low back pain):_____

For neck conditions use the Neck Disability Index Questionnaire; for lower back conditions use the Roland-Morris or the Oswestry Low Back Pain Disability Questionnaire.

General Pain Disability Index Questionnaire

ACTIVATOR METHODS® INTERNATIONAL LTD. 35th anniversary

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.

PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES for each of the six categories of daily living listed. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

1. Family/Home Responsibilities – This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school).

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

2. Recreation – This category includes hobbies, sports, and other similar leisure time activities.

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

3. Social Activity – This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

4. Occupation – This category refers to activities that are a part of or directly related to one's job. This includes non-paying jobs as well, such as that of a homemaker or volunteer worker.

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

5. Self Care – This category includes activities, which involve personal maintenance and independent daily living such as taking a shower, driving, getting dressed, etc.

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

6. Life-Support Activity – This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

0 1 2 3 4 5 6 7 8 9 10

Completely able to function *Totally unable to function*

TOTAL SCORE:_____ SIGNATURE:_____ DATE:_____

Neck Pain Disability Index Questionnaire

ACTIVATOR METHODS® INTERNATIONAL LTD 35th anniversary

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

Name (Please Print):_____ Date:_____

Age:_____ Date of Birth:_____ Occupation:_____

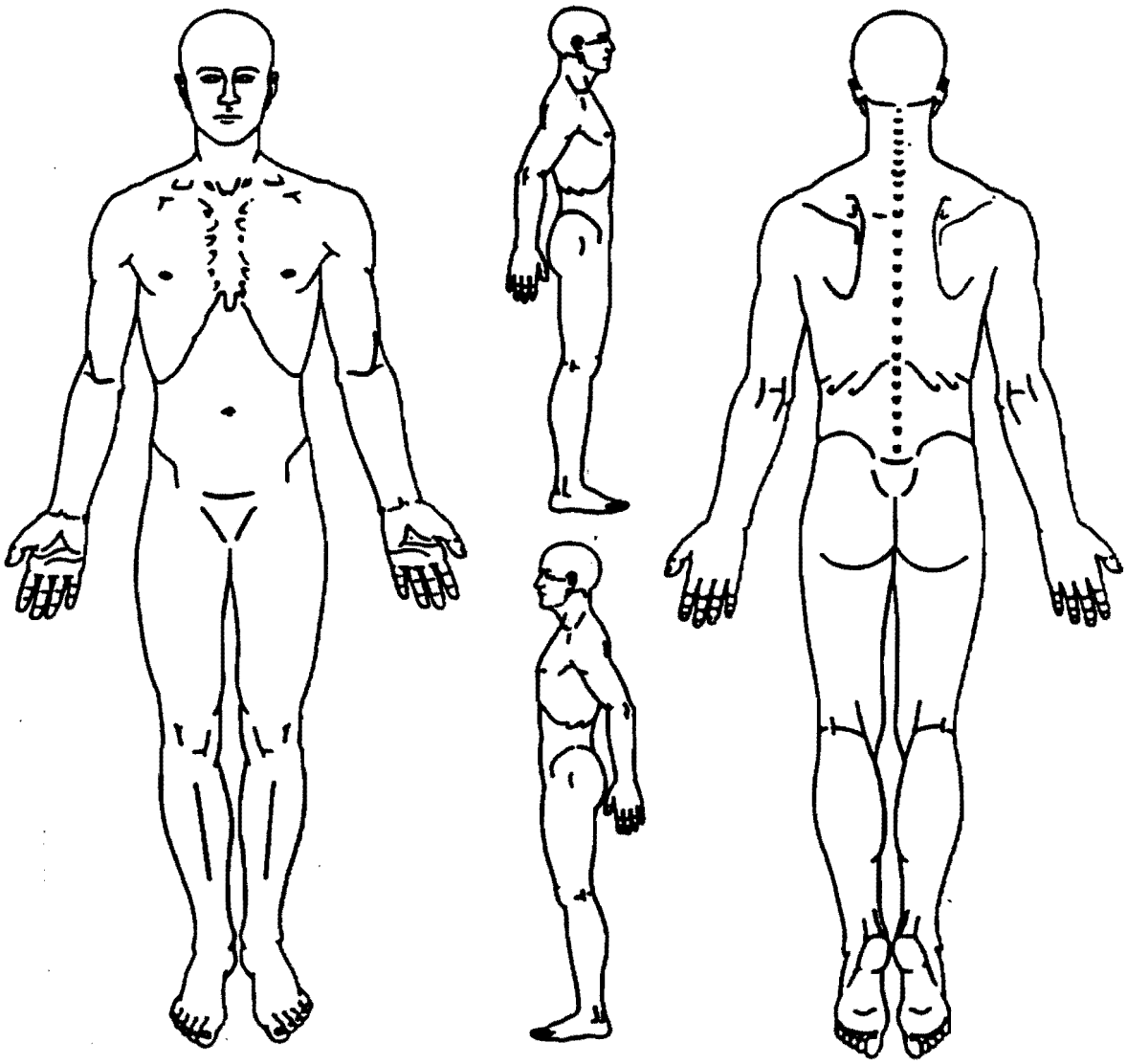
How long have you had neck pain? _____ Years _____ Months _____ Weeks

Is this your first episode of neck pain? _____ Yes _____ No

Use the letters below to indicate the type and location of your sensations right now

(Please remember to complete both sides of this form)

A = ACHE B = BURNING N = NUMBNESS P = PINS & NEEDLES S = STABBING O = OTHER



over please

Neck Pain Disability Index Questionnaire

ACTIVATOR METHODS® INTERNATIONAL LTD. 35th anniversary

3714 E. Indian School Rd. • Phoenix, AZ 85018 • toll free 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE, WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1 – Pain Intensity
- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

SECTION 2 – Personal Care
- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3 – Lifting
- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

SECTION 4 – Reading
- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want to with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

SECTION 5 – Headaches
- A. I have no headaches at all.
- B. I have slight headaches, which come infrequently.
- C. I have moderate headaches, which come infrequently.
- D. I have moderate headaches, which come frequently.
- E. I have severe headaches, which come frequently.
- F. I have headaches almost all the time.

SECTION 6 – Concentration
- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

SECTION 7 – Work
- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

SECTION 8 – Driving
- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I cannot drive my car at all.

SECTION 9 – Sleeping
- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

SECTION 10 – Recreation
- A. I am able to engage in all of my recreational activities, with no neck pain at all.
- B. I am able to engage in all of my recreational activities, with some pain in my neck.
- C. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

After Vernon & Mior, 1991, Preprinted by permission of the Journal of Manipulative and Physiological Therapeutics

TOTAL SCORE:_____ SIGNATURE:_____ DATE:_____