

Patient Information

Name _____

Reason You Came to Office _____

Length of Problem _____

How did it start? _____

What makes it better? _____

What makes it worse? _____

Location of problem _____

Quality(what does it feel like) _____

Who have you seen for this? _____

How is this affecting your life? _____

Other Present Health Problems _____

List all medications or supplements currently taking _____

History of Trauma or Accidents _____

Emotional Stress or Trauma _____

Do you exercise? ____ What type _____ How often _____

Do you follow any special diet? _____

Do you drink water? _____ How Much? _____

Thank you for choosing Lumsdon Chiropractic