Case History

About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system and spine, that can result in poor health. Following your exam, your chiropractor will outline a course care to begin to correct these layers of damage and to help you recover your inborn/innate health potential.

Previous years of unnoticed and or unattended damage to the nervous system and spine may show up as acute or chronic symptoms.

Present Complaint/Reason for Seeking Care in this Office:

1. What brings you to our office today?
   _____
2. When did the problem start? _____
3. Do you know what caused your symptoms? _____
4. Does this pain shoot, radiate, or travel in your body? Yes☐ No☐
   Where?_____
5. Are you experiencing numbness or tingling in any area of your body?
   Where?_____
6. What activities makes your symptoms/condition WORSE?
   _____
7. What activities make your symptoms/condition BETTER?
   _____
8. Is this condition interfering with:
   ☐work ☐Sleep ☐Chores ☐daily routine(shower/getting dress, etc.)
9. Is this condition progressively getting worse?
   _____
10. Please Circle where you're at:

(No Complaint/Pain) 0☐1☐2☐3☐4☐5☐6☐7☐8☐9☐10☐(Worst Possible Complaint/Pain)

11. Have you seen other Doctors for this condition? Yes No _____
12. What treatment have you had for this condition?
    ☐Chiropractic
    ☐massage
    ☐physical therapy
    ☐over the counter medication
    ☐prescription drugs
    ☐acupuncture
    ☐ Other

13. Have you had any diagnostic testing done?
    ☐Xray ☐MRI ☐CT scan ☐Ultrasound

14. Sleeping posture? ☐side ☐stomach ☐back

Patient's Case History Enlighten Chiropractic & Acupuncture

Please mark any of the following that you have now or have experienced:

☐ Headaches	☐ Pain in Hands or Arms	☐ Chest Pains
☐ Neck Pain	☐ Numbness in Hands or Arms	☐ Heart Attack
☐ Sleeping Problems	☐ Pain in Legs or Feet	☐ High Blood Pressure
☐ Low Back Pain	☐ Numbness in Legs or Feet	☐ Stroke
☐ Nervousness	☐ Fatigue	☐ Cancer
☐ Tension	☐ Depression	☐ Painful Urination
☐ Irritability	☐ Lights Bother Eyes	☐ Diabetes
☐ Dizziness	☐ Loss of Memory	☐ Diarrhea
☐ Pain Between Shoulders	☐ Shoulder Pain	☐ Constipation
☐ Neck Stiff	☐ Sinus	☐ hepatitis
☐ Joint Swelling	☐ Shortness of Breath	☐ Menstrual Cramps
☐ Fever	☐ Asthma	☐ Weight Loss
☐ Loss of Balance	☐ HIV	☐ Loss of Smell or Taste

Please circle for each of the following:

Current Health Habits:

Did/do you smoke?	Y ☐ N ☐
Did/do you drink alcohol?	Y ☐ N ☐
Diet, do you eat healthy foods?	Y ☐ N ☐
Eye problems?	Y ☐ N ☐
Hearing problems?	Y ☐ N ☐
Exercise regularly?	Y ☐ N ☐
Do you sleep well?	Y ☐ N ☐
Did/do you have occupational stress?	Y ☐ N ☐
Physical stress?	Y ☐ N ☐
Emotional/Mental stress?	Y ☐ N ☐

Is there a family History of:

	Heart Disease	Arthritis	Cancer	Diabetes	Psychological Disorders
Father's side	☐	☐	☐	☐	☐
Mother's side	☐	☐	☐	☐	☐
Siblings	☐	☐	☐	☐	☐

Medications:

Medication	Reason for taking
_____	_____
_____	_____
_____	_____

Surgeries:

Date	Type of Surgery
_____	_____
_____	_____
_____	_____

Broken Bones/ Trauma's/ Accidents:

Date	
_____	_____
_____	_____
_____	_____

Females/ Pregnancies and outcomes:

Pregnancies/Date of Delivery	Outcome
_____	_____
_____	_____

Social and Occupational History:

A. Job description: _____
B. hobbies_____
C. Allergies _____

Have you ever received Chiropractic Care/Acupuncture? Yes ☐ No ☐

About Your Care

There are three phases of care that Chiropractic patients often go through. The **first is Initial Intensive Care** which corrects the most recent layer of Spinal and Neurological damage (**VSC Vertebral Subluxation Complex**). This care often reduces or eliminates the symptoms. Then begin, **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your goals.

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of Enlighten Chiropractic & Acupuncture to do whatever is necessary in accordance with this state's statues, to provide me with chiropractic care.

Patient or Guardian Signature_____Date_____