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## CONFIDENTIAL CLINICAL RECORD

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If yes, explain:	GENERAL INFORMATION - PLEASE PRINT	26
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YEARS WITH FIRM OCCUPATION SOCIAL SECURITY # / / DRIVERS LICENSE NO. HOME PHONE WORK PHONE  CELL PHONE SPOUSE'S NAME S.S. # / OCCUPATION	BIRTHDATE / / CEV. M E MARITA	STATUS M. C. D. W. CHILDREN
OCCUPATION  DRIVERS LICENSE NO.  HOME PHONE  WORK PHONE  EMAIL  SPOUSE'S EMPLOYER  NEAREST RELATIVE NOT LIVING WITH YOU  ADDRESS  CITY  PHONE  DATE OF LAST PHYSICAL  DENTIST  DATE OF LAST CHIROPRACTIC ADJUSTMENT  WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?  WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?  WHO MAY WE CONTACT IN CASE OF EMERGENCY?  PHONE  WHOM MAY WE THANK FOR REFERRING YOU TO US?  If you are in pain, please mark the exact location of your pain on the diagram below. Also describe the type and frequency of your pain, as well as any activity which brings on or aggravates the pain. For example, dull, sharp, constant, off & on, when standing, when sitting, etc., etc.  COMPLETE THESE DIAGRAMS  When was the very first time you were aware of this problem?  Have you ever had this problem or similar problem before?  If yes, explain:  Have you ever had this problem or similar problem before?  If yes, when, where and what were the results?		
DRIVERS LICENSE NO. HOME PHONE WORK PHONE  CELL PHONE EMAIL.  SPOUSES NAME S.S. # / _ OCCUPATION  SPOUSES BAPLOYER CITY HOW LONG?  NEAREST RELATIVE NOT LIVING WITH YOU ADDRESS CITY PHONE  PHYSICIAN DATE OF LAST PHYSICAL  DATE OF LAST CHIROPRACTIC ADJUSTMENT / SEEN BY DR.  WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?  ADDRESS IF DIFFERENT PHONE  WHO MAY WE CONTACT IN CASE OF EMERGENCY?  PHONE WHOM MAY WE THANK FOR REFERRING YOU TO US?  If you are in pain, please mark the exact location of your pain on the diagram below. Also describe the type and frequency of your pain, as well as any activity which brings on or aggrevates the pain. For example, dull, sharp, constant, off & on, when standing, when sitting, otc., etc.  COMPLETE THESE DIAGRAMS  When was the very first time you were aware of this problem? If yes, explain:  Have you ever had this problem or similar problem before?  If yes, explain:  Have you ever had this problem or similar problem before?  If yes, when, where and what were the results?		
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PHYSICIAN DATE OF LAST PHYSICAL  DENTIST DATE OF LAST CHIROPRACTIC ADJUSTMENT / SEEN BY OR.  WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?  ADDRESS IF DIFFERENT PHONE  WHO MAY WE CONTACT IN CASE OF EMERGENCY?  PHONE WHO MAY WE THANK FOR REFERRING YOU TO US?  If you are in pain, please mark the exact location of your pain on the diagram below. Also describe the type and frequency of your pain, as well as any activity which brings on or aggrevates the pain. For example, dull, sharp, constant, off & on, when standing, when althing, otc., etc.  COMPLETE THESE DIAGRAMS  When was the very first time you were aware of this problem? If yes, explain:  Have you ever had this problem or similar problem before? If yes, explain:  Have you ever received any treatment for this condition? If yes, when, where and what were the results?		
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(Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)  (Describe in your own words your problem and how if happened or started)	PHONE WHOM MAY WE THANK FOR REFER	RING YOU TO US?
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When was the very first time you were aware of this problem?  Have you ever had this problem or similar problem before?	COMPLETE THESE DIAGRAMS	
What makes it worse?		When was the very first time you were aware of this problem?  Have you ever had this problem or similar problem before?  If yes, explain:  Have you ever received any treatment for this condition?  If yes, when, where and what were the results?

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Have y		conscious   H	ad broken bones 🗇 Used a cane	or crutch i	Been hospitalized □ W
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Have yo	on ot ank of Aont plood telativ	res had?	ligh Blood Pressure   DVenery	el Disease	
01	Tuberculosis	e l'Diabetes I	Arthetis   Epilepsy   Cance	er OPolio	100
Habits:	fill in number or check thos	e that apoly			
	hours sleep Exercise		way smake IT		
Ho	w many cups or glasses	C	coffee soda D	alcohol	
lease :	inderline all of the following sy	mptoms which y	ou have now or have had previous	ly We won	all the facts shout your best
petore v	we accept your case. Your hes	alth report is con	fidential and is treated as such by	y our staff,	ton the racia accor your near
-wre	AL SYMPTOMS	DECDID	TORY		22
64 0	AL SYMPTOMS Headache	RESPIRA 785.2	Chronic cough		URINARY SYMPTOMS
				788.3	Frequent urination
	Migraine beadache	786.5D	Chest pain	7 B # 1	Painful unination
46.9 80.8	Migraine headache Night Sweating	786.50 786.09	Chest pain Pain or difficulty breathing	788.1 592	Painful urination Kidney infection/stones
46.9 80.8 80.2	Night Sweating Fainting				Paintul urination Kidney infection/stones Prostate trouble
46.9 80.8 80.2 80.4	Night Sweating Fainting Dizziness	786.09	Pain or difficulty breathing with exercise	592 601.9	Kidney infection/stones Prostate trouble
46.9 80.8 80.2 80.4 80.3	Night Sweating Fainting Dizziness Convulsions	786.09 CARDIO	Pain or difficulty breathing with exercise	592 601.9 GASTRO	Kidney infection/stones Prostate trouble DINTESTINAL SYMPTOMS
46.9 80.8 80.2 80.4 80.3 80.52	Night Sweating Fainting Dizziness Convulsions Loss of sleep	786.09 CARDIO 785	Pain or difficulty breathing with exercise  VASCULAR  Bapid beating heart	592 601.9 GASTRO	Kidney infection/stones Prostate trouble DINTESTINAL SYMPTOMS Poor appetite
46.9 80.8 80.2 80.4 80.3 80.52 80.7	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue	786.09 CARDIO 785 427.89	Pain or difficulty breathing with exercise  VASCULAR  Rapid beating heart  Slow beating heart	592 601.9 GASTRO 783 994.2	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness	786.09 CARDIO 785	Pain or difficulty breathing with exercise  VASCULAR  Bapid beating heart	592 601.9 GASTRO 783 994.2 787.3	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2 83	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue	785.09 CARDIO 785 427.89 401.9	Pain or difficulty breathing with exercise  VASCULAR  Rapid beating heart Slow beating heart High blood pressure	592 601.9 GASTRO 783 994.2	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting
46.9 80.8 80.2 80.4	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight	785.09 CARDIO 785 427.89 401.9 438.9	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles	592 601.9 GASTRO 783 994.2 787.3 787	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2 63 78.0	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity	786.09 CARDIO 785 427.89 401.9 458.9 786.51 719.07	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right D Left (1)	592 601.9 GASTRO 783 994.2 787.3 787 536.8	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach
46.9 80.6 80.2 80.4 80.3 80.52 80.52 80.7 99.2 83 78.0 95.3	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors	786.09 CARDIO 785 427.89 401.9 458.9 786.51	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2 83 78.0 95.3 81	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors	786.09 CARDIO 785 427.89 401.9 438.9 786.51 719.07	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [1] Left [1] Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 568.9 789 455.6	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles)
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2 83 78.0 95.3 81 .E.N.T.	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision	786.09  CARDIO 785 427.89 401.9 438.9 786.51 719.07	Pain or difficulty breathing with exercise  -VASCULAR  Bapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [3] Left [3] Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble
46.9 80.8 80.2 80.4 80.5 80.5 80.7 99.2 83 78.0 95.3 81 .E.N.T.	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness	786.09  CARDIO 785 427.89 401.9 438.9 786.51 719.07 436  MUSCLE 716.9	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 568.9 789 455.6	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles)
46.9 80.8 80.2 80.4 80.5 80.5 80.5 80.5 80.5 80.5 80.5 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache	786.09  CARDIO 785 427.89 401.9 438.9 786.51 719.07	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right U Lett D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis
46.9 80.8 80.2 80.4 80.5 80.5 80.5 80.5 80.5 80.5 80.5 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness	786.09  CARDIO 785 427.89 401.9 438.9 786.51 719.07 436  MUSCLE 716.9	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis
46.9 80.8 80.2 80.4 80.3 80.5 80.7 89.2 83.7 83.0 95.3 81 81.8 84.7 88.9 98.7 98.7 98.7 98.7 98.7 98.7	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache Ear noises	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07  438  MUSCLE 716.9 782  719 719.7	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Left [] Paralytic stroke  5 JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast
46.9 80.8 80.2 80.4 80.3 80.7 80.7 83 95.3 81 .E.N.T. 68.9 98.7 98.7 98.7 98.7 98.7 98.7 98.7 9	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07  438  MUSCLE 716.9 782  719 719.7 722.10	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Left [] Paralytic stroke  5 JOINT SYMPTOMS Arthrills Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9 FOR WC	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge
46.9 80.8 80.2 80.4 80.5 80.7 99.2 63 78.0 95.3 81 .E.N.T. 68.9 98.7 98.7 98.30 98.30	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 782 719 719.7 722.10 722.2	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Left [] Paralytic stroke  5 JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain Disc displacement	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9 FOR WO 611.72 623.5 626.2	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge
46.9 80.8 80.2 80.4 80.5 80.5 80.5 80.5 80.5 80.7 99.2 83.7 84.7 88.9 99.9 98.7 98.7 98.7 98.7 99.9	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid	786.09  CARDIO 785 427.89 401.9 438.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right -Left -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 558.9 FOR WO 611.72 625.3 626.2 626.4	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DMEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle
46.9 80.8 80.2 80.4 80.3 80.52 80.7 99.2 83 78.0 95.3	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 782 719 719.7 722.10 722.2 723.1 723.5	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D -Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9 FOR WO 611.72 623.5 626.2 626.4 627.2	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIAMEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms
46.9 80.8 80.2 80.4 80.5 80.5 80.5 80.5 99.2 80.7 99.3 81.E.N.T. 68.9 98.30 94.7 52 94.7 52 95.3 96.7 96.7 96.7 96.7 96.7 96.7 96.7 96.7	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 438  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right () Lett () Paralytic stroke  5 JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 789 455.6 575.9 558.9 FOR WO 611.72 623.5 626.2 626.4 627.2 Date of I	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIET ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period / / / /
46.9 80.8 80.2 80.2 80.3 80.5 80.5 99.2 83.0 99.2 83.0 99.5 99.9	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 782 719 719.7 722.10 722.2 723.1 723.5	Pain or difficulty breathing with exercise  -VASCULAR  -Papid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D -Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WC 611.72 623.5 626.2 626.4 627.2 Date of I	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// Dreenant?
46.9 80.8 80.2 80.3 80.5 80.5 99.2 80.5 99.2 80.5 99.2 80.5 99.9 99.9 99.9 99.9 90.9	Night Sweating Fainting Dizziness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failing vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 438  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1 724.79	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Left [] Paralytic stroke  5 JOINT SYMPTOMS Arthritis Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders Painful tailbone Muscle spasms Foot trouble	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 623.5 625.3 626.2 627.2 Date of I Are you Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms [ast period / / pregnant? / / of oregnancies
46.9 80.8 80.2 80.4 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07  438  MUSCLE 716.9 782  719 719.7 722.10 722.2 723.1 723.5 724.1 724.79 728.85 729.4 737	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Left [] Paralytic stroke  5 JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders Painful tailbone Muscle spasms Foot trouble Faulty posture	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// pregnant? of live births
46.9 80.8 80.2 80.4 80.5 80.5 80.5 80.5 99.2 83.5 99.2 83.5 99.3 86.9 98.7 99.9 98.7 99.9 98.7 99.9 98.7 99.9	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness Varicose veins	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1 724.79 728.85 729.4 737	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart Slow beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right D Left D Paralytic stroke  S JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swollen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders Paintyl tailbone Muscle spasms Foot trouble Faulty posture Spinal curvature	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// pregnant? of live births
46.9 80.8 80.2 80.4 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1 724.79 728.85 729.4 737 737.3 781	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D -Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// pregnant? of live births
46.9 80.8 80.2 80.4 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness Varicose veins	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1 724.79 728.85 729.4 737	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right () Lett () Paralytic stroke  5 JOINT SYMPTOMS Arthrills Numbness/pain in arms hands, or legs, toes Swellen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders Painful tailbone Muscle spasms Foot trouble Faulty posture Spinal curvature Tremora Shoulder pain	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// pregnant? of live births
46.9 80.8 80.2 80.4 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness Varicose veins	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1 723.5 724.1 724.79 728.85 729.4 737 737.3 781	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart -Slow beating heart -High blood pressure -Low blood pressure -Low blood pressure -Pain over heart -Swelling of ankles -Right D -Left D -Paralytic stroke	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Coton trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms last period// pregnant? of live births
46.9 80.8 80.2 80.2 80.4 80.5	Night Sweating Fainting Dizztness Convulsions Loss of sleep Fatigue Nervousness Loss of weight Obesity Allergy Tremors  Failling vision Deafness Earache Ear noises Nose bleeds Sore throat Asthma Frequent colds Enlarged thyroid Sinus problems  Itching Bruises easily Dryness Varicose veins	786.09  CARDIO 785 427.89 401.9 458.9 786.51 719.07 436  MUSCLE 716.9 719.7 722.10 722.2 723.1 724.79 728.85 729.4 737 737.3 781	Pain or difficulty breathing with exercise  -VASCULAR  Rapid beating heart High blood pressure Low blood pressure Pain over heart Swelling of ankles Right [] Lett [] Paralytic stroke  5 JOINT SYMPTOMS Arthrilis Numbness/pain in arms hands, or legs, toes Swollen joints Difficulty in walking Low back pain Disc displacement Pain in neck Stiff neck Pain between shoulders Painful tailbone Muscle spasms Foot trouble Faulty posture Spinal curvature Tremors Shoulder pain Knee pain	592 601.9 GASTRO 783 994.2 787.3 787 536.8 564 558.9 455.6 575.9 558.9 FOR WO 611.72 625.3 626.2 626.4 627.2 Date of I Are you Number Number	Kidney infection/stones Prostate trouble  DINTESTINAL SYMPTOMS Poor appetite Excessive hunger Belching or gas Nausea or Vomiting Pain over stomach Constipation Diarrhea Colon trouble Hemorrholds (Piles) Gall bladder trouble Colitis  DIEN ONLY Lumps in breast Vaginal discharge Painful menstrual period Excessive flow Irregular cycle Menopausal symptoms [ast period / / pregnant? / / of oregnancies

## PERSONAL INJURY/WORKMEN'S COMPENSATION QUESTIONNAIRE

NAME:	Date of Accident:	Time:
Where did accident happen?		
Describe the accident in your own words:		
What was your position in car? © Driver © Passenger. If passer		oht Rear Ollett Re
Did your vehicle strike other vehicle? Yes No.	Was your car struck by other vehicle?	
Was the impact from □ the front? □ from the rig		☐ from the rea
At the time of impact, were you     looking straight ah		□ looking left
Were both hands on steering wheel? ☐ Yes ☐ No Was your foot on		
Where in the car were you after the accident?		
	rike anything in vehicle at time of impact?	O Yes ON
If yes, specify: Steering Wheel Dashboard	☐ Windshield ☐ Side Door	
☐ Side Window. Please state part of body: ☐ Cheet	□ Chin □ Knee □ Shoulder	☐ Hand ☐ Has
Immediately following the accident, how did you feel?		
Were you unconscious? D Yes D No In a daze? D'	Yes DNo Did you go to hospitali	DYes DN
If you went to hospital, when? At time of socident	Yes DNo Next day	DYM DN
How did you get to hospital? Ambulance [] Yes	O No Private Transportation	□ Y=  □ Ne
Did the ambulance attendants place you in: Neck Collar Yes		nece DYes DNe
Name of Hospital:		
Attended by Dr.	Were you x-rayed at hospital? (3 Yes )	7 No
If sq, what was the diagnosis?		
Were you admitted to the hospital? D Yes D No How lo	ng did you stay?	
What treatment was rendered?		
What recommendations were made? See own doctor?   Yes Physical Therapy  Yes  No	☐ No See arthopedic doctor	□ Yes □ No
Have you seen any other doctor as a result of this accident?	□ No	
Doctor's name	<u> </u>	
s your pain constant?   Yes   No is the pain on and off?   Yes  Other		Juli7 🗆 Yes 🗆 No
s your pain worse when arising from a chair?   Yes   No is it made:		hing? DYes DNo
By sneezing? I Yes I No By straining when moving your b	owels? □ Yes □ No	
o you have any numbness or singling in your arms    Yes    No 1	n your hands? DYes DNo In your fi	ngers? □ Yes □ No
fn your legs? () Yes () No In your feet?	□Yes □No In your toes?	DY DNo
/hat is your most comfortable position? Sitting 🗆 Yes 🖸 No. Lying o	on your right side   Yes   No On your l	eft side 🗆 Yes 🗅 No
Lying on your back   Yes   No On your stomach   D Yes   D	No Standing □ Yes □ No	
Other	_ Is it difficult for you to move around in	bed? 🗆 Yes 🗅 No
Does stretching and twisting worsen the pain?    Yes		
o any of the following relieve your pain?	☐ Hot Bath ☐ Shower	O los Pack
nes a brace (if you have tried one) help relieve the pain?	□No	
oes a change in heel height worsen the pain? 🗆 Yes 🗆 No Do you fee	l better moving around? 🗆 Yes 🖸 No Or e	resting? 🗆 Yes 🗆 No
o you have a firm mattress? 🗆 Yes 🗆 No Do your knees ache or hu	rt? O Yes O No Do you have cramps	in leg? 🗆 Yes 🗆 No
in arm?	y change in your bowel habits?	3 Yes □ No
ave you lost any time from work because of this accident?		
If yes, give dates of time lost. From		
Totally disabled from to Pr	ertially disabled from to	

1. How much weight?   Maximum   Average   2. How far could you carry this weight?   For how long a period of time?   3. Was this lifting done at work?   Yes   D No   Or at home or elsewhere?   Yes   4. How often did you carry this amount of weight?   AFTER YOUR ACCIDENT, describe your total lifting ability: 1. How much weight can you now lift without experiencing pain, discomfort, or restriction of motion?   2. Did you experience this pain, discomfort, or restriction of motion before your accident?   Yes   3. How far can you carry this weight how?   And for how long a period of time?   4. How often can you carry this weight?   5. Are you now limited in your lifting ability in some body position that your were previously pot?   Yes   If so, specify position   6. What symptoms doks lifting produce?   7. How long do these symptoms last?   Are you presently able to:	O N
3. Was this lifting done at work?	D N
AFTER YOUR ACCIDENT, describe your total lifting ability:  1. How much weight can you now lift without experiencing pain, discomfort, or restriction of motion?  2. Did you experience this pain, discomfort, or restriction of motion before your accident?  3. How far can you carry this weight how?  4. How often can you carry this weight?  5. Are you now limited in your lifting ability in some body position that you were previously pot?  6. What symptoms doks lifting produce?  7. How long do these symptoms last?  Are you presently able to:	1bi
1. How much weight can you now lift without experiencing pain, discomfort, or restriction of motion?  2. Did you experience this pain, discomfort, or restriction of motion before your accident?  3. How far can you carry this weight how?  4. How often can you carry this weight?  5. Are you now limited in your lifting ability in some body position that you were previously pot?  6. What symptoms doks lifting produce?  7. How long do these symptoms lest?  Are you presently able to:	1bi
2. Did you experience this pain, discomfort, or restriction of motion before your accident?  3. How far can you carry this weight how?  4. How often can you carry this weight?  5. Are you now limited in your lifting ability in some body position that you were previously pot?  6. What symptoms doks lifting produce?  7. How long do these symptoms last?  Are you presently able to:	1bi
3. How far can you carry this weight how? And for how long a period of time?  4. How often can you carry this weight?  5. Are you now limited in your lifting ability in some body position that you were previously pot?  If so, specify position  6. What symptoms doks lifting produce?  7. How long do these symptoms last?  Are you presently able to:	1bi
4. How often can you carry this weight?  5. Are you now limited in your lifting ability in some body position that you were previously pot?  If so, specify position  G. What symptoms dobs lifting produce?  7. How long do these symptoms last?  Are you presently able to:	Ibs
S. Are you now limited in your lifting ability in some body position that you were previously not?  If so, specify position  G. What symptoms does lifting produce?  7. How long do these symptoms lest?  Are you presently able to:	Ibs
If so, specify position	Ibs
G. What symptoms does lifting produce?  7. How long do these symptoms last?  Are you presently able to:	No
7. How long do these symptoms lest?  Are you presently able to:	No
Are you presently able to:	No
	No
	No
Total Landing	
WORK   Very heavy   Ibs.   D Heavy   Ibs.   D Light   Ibs.   D Sitting	□ Sittin
With Minimum Demand of physical effort, what positions can you work in PART-TIME and for how long?	
☐ Standing ☐ Walking ☐ Sitting	
With Minimum Demand of physical effort, can you work in a SITTING POSITION with some degree of walking or standing ac	tivity?
_ (7) 1	
Do you feel that you cannot perform any physical work activity?   Yes   No	
Do you feel that you cannot perform any mental work?  Dives  No Relate your BEFORE injury capacity (mark 'B') and your AFTER injury capacity (mark 'A') for performing activities:	
1. Walking Normal Limited Difficult Pain	
2. Standing Normal Limited Difficult Poin	
3. Sitting Normal Limited Difficult Pain	
4. Bending Normal Limited Difficult Paln	
5. Stooping Normal Limited Difficult Pain	
6. Lifting Normal Limited Difficult Paln_	
7. Pushing Normal Limited Difficult Pain	
B. Pulling Normal Limited Difficult Pain	
9. Cilmbing Normal Limited Difficult Pain	
10. Reaching NormalLimitedDifficultPaint	
11. Gripping Normal Limited Difficult Pain	
12. Kneeling Normal Limited Difficult Pain	
13. Balance Normal Limited Difficult Pain	
14. Fatigue Normal Limited Difficult Pain	
Generally speaking, is your inability to perform these functions due to Pain O Weakness O Structural limitations O	Nerves?
Do you have normal saxual function?	
Are you able to take card of your personal self, such as directing, bething, etc.?   Yes I No Or do you require acclerance?   Yes	
Do you feel your present condition is tempgrary?   O Yes   O No  Or permanent?   O Yes	D No
Patient's Signature Oate:	

IN THE EVENT OF AN AUTOMOBILE ACCIDENT, THERE ARE MANY POSSIBLIES FOR FILING ON INSURANCE. OUR OFFICE WILL STRIVE TO FILE ON WHATEVER FUNDS MAY BE AVAILABLE TO YOU; HOWEVER THE PATIENT IS RESPONSIBLE FOR ALL CHARGES THAT ARE NOT PAID BY THE INSURANCE COMPANY.

## YOUR AUTO INSURANCE INFORMATION

Name on Policy:	Phone:
Date of Accident:	Name of Insurance:
Policy#	Claim#:
	CCCC24C0000000 IV 60 CC4 /4 67 660 IV 1000000
DRIVER'S AU	TO INSURANCE(if you were passenger)
Name on Policy	Name of Incorporate
Policy#	Name of Insurance: Claim#:
· Oiscy ii	Сиит.
LIABILITY (F	PERSON AT FAULT FOR ACCIDENT)
Insured'sName:	
Tume of mourance.	
Policy#:	Claim#: Phone:
Adjuster Name:	Phone:
1	
	HEATH INSURANCE
Name of Insured:	Policy#:
Group#:	ID#:
Insurance Company:	
Pnone#:	
Employer:	Phone:
47	TORNEY INFORMATION
AI	TORNEY INFORMATION
Law Office of	Phone#:
Case Worker:	1 10/10/14