CONFIDENTIAL PATIENT CASE HISTORY

Name _____ Date of birth _____
First Middle Last Day Month Year

MB Health Card # _____ P.H.I.N. # _____ Marital Status: S M D W
Six digit number Nine digit number on back of card

Address _____
Street Address City Postal Code

Home Phone_____ Cell Phone _____ Email_____

Occupation_____Patient Employer/School _____

Spouse's name or if you are under the age of 18, what is your parent's name _____

Number of children under eighteen years of age _____ Ages_____

How did you hear about our office? ☐ Google ☐ Social Media ☐ Website ☐ Office Sign ☐ Radio Ad

Whom may we thank for referring you? _____

INSURANCE

Who is responsible for this account? _____ Relationship to patient _____

Insurance Co. _____ Group/I.D. # _____ Certificate/Plan/Policy # _____

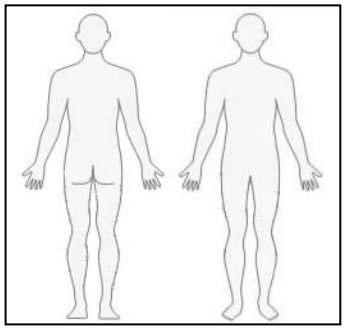
Is patient covered by additional insurance? ☐ Yes ☐ No Spouse DOB (if applicable):

PATIENT CONDITION

Reason for Visit_____

When did symptoms begin_____

Mark an X on the picture where you continue to have pain, numbness, or tingling



Have you ever had this discomfort before _____

Is this problem… ☐getting worse ☐remaining the same ☐getting better ☐off & on

Is there anyone in your family with this type of problem? ☐Yes ☐No

Is condition due to an accident? ☐Yes ☐No Date_____

Type of accident: ☐Auto ☐Work ☐Home ☐Other

HEALTH HISTORY

Have you seen a chiropractor before? ☐Yes ☐No If yes, who and how long ago? _____

What treatment have you already received for your condition? ☐Medications ☐Surgery ☐Physical Therapy

☐Chiropractic Services ☐None ☐Other_____ Date of last exam_____

Name and address of other doctor(s) who have treated you for your condition_____

When approximately did you last have x-rays taken? _____ ☐Medical ☐Chiropractic ☐Dental

Height_____ Weight_____ Are you now taking any medication at all? ☐Yes ☐No

If yes, what kind and what for?_____

Have you ever: ☐ been hospitalized, had any serious illnesses, or operations? ☐Yes ☐No

☐ broken or dislocated any bones? ☐Yes ☐No

☐ been in an automobile accident? ☐Yes ☐No

☐ had a serious fall or injury? (childhood/adulthood) ☐Yes ☐No

If yes to any, please explain_____

_____