

Adult Case History



Name: _____ DOB: _____

Address: _____ Suburb: _____ Postcode: _____

Phone (H) _____ (W) _____ (M) _____

Email address: _____

Occupation: _____ Employer: _____

Marital status: S M D W Number of children/ages: _____

Next of Kin: _____ Contact number: _____

How did you find out about our practice? Yellow Pages Online Yellow Pages Phonebook Google
Website Newspaper Facebook Other: _____

Who may we thank for referring you? _____

Have you ever received Chiropractic care? Yes No Chiropractors name: _____

Are you covered for extras under a health fund? Yes No Health Fund: _____

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.

Please circle for each of the following:

Client comment if answer is yes

Chiropractor's comments

1. Regarding your Birth Process

Was the delivery long/difficult?	Y N _____	_____
Forceps or extraction used?	Y N _____	_____
Cesarean/C-Section?	Y N _____	_____
Breach/cephalic	Y N _____	_____
Other? (induced labor, home birth)	Y N _____	_____

2. Regarding your Growth & Development/Childhood

Were you breast fed?	Y N _____	_____
Were you taught how to care for your spine?	Y N _____	_____
Childhood illnesses?	Y N _____	_____
Ear Infections/Colic/Asthma?	Y N _____	_____
Attention Deficit?	Y N _____	_____
Did you fall down stairs?	Y N _____	_____
Chair pulled out when sat down?	Y N _____	_____
Did you play any contact sports?	Y N _____	_____
Did you have any other childhood traumas?	Y N _____	_____

3. Current Health Habits

Have you been involved in any accidents or traumas? Date? Injuries? Y N _____

Did you ever break/fracture any bones? Y N _____

Dental problems? Y N _____

Eye problems? Y N _____

Hearing problems? Y N _____

Did/do you smoke? Amount? Years? Y N _____

Did/do you drink alcohol? Y N _____

Diet, do you eat healthy foods? Y N _____

Do you drink 8 glasses of water per day? Y N _____

Exercise regularly? Y N _____

Hobbies/sports injuries? Y N _____

Did/do you have occupational stress? Y N _____

Physical stress? Y N _____

Emotional/mental stress Y N _____

Do you sleep well? Y N _____

Sleeping posture? side back stomach

What type & how many pillows do you sleep on? _____

Do you have a good mattress? Y N _____

What are your health goals through Chiropractic?

- Relief of symptoms
- Prevention and relief of symptoms
- Overall improvement of your total health and wellbeing

Symptoms and Present State of Health

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 Practice:

Major Complaint: _____

Pain or Problem started on: _____

Pains are: Sharp Dull/ Ache Constant Intermittent Other _____

Does this pain shoot, radiate, or travel in your body? Where? _____

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is this condition worse during certain times of the day?

Is this condition interfering with work? _____ Sleep? _____ Routine? _____ Other? _____

Is this condition getting progressively worse? _____

Please circle where you're at: (no Complaint/Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Possible Complaint/Pain)

Other Doctors seen for this condition? _____

Any home remedies? _____

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

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

Do you take any supplements/vitamins? Y N Type? _____

Have you been under medical care? Y N

What medications are you taking? _____

How long have you taken these medications? _____

Have you had surgery? Y N Type & date of surgery? _____

What side effects have you experienced from the drugs and surgery? _____

Females Only – Date last Menstrual Period began on _____

Are you possibly Pregnant? Y N What is your due date? _____

Is there a family History of:

	Heart Disease	Arthritis	Cancer	Diabetes	Other	
Fathers side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mother's side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 Chiropractic to do whatever is necessary in accordance with this state's statutes, to provide me with chiropractic care.

Informed Consent

All practitioners who adjust the spine are required to warn clients of material risks and seek informed consent for chiropractic care. In extremely rare circumstances, adjustments of the neck may damage blood vessels and give rise to stroke or stroke-like symptoms (1 in 2 million to 1 in 5.85 million – *Haldeman, et al. Spine vol 24-8 1999*). Whilst this has never occurred in this practice, we are still required to warn. If any adjustments are required, you will be tested beforehand, as has always been our practice (i.e. check for dizziness, referred pain, etc)

Other very slight risks including strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000 – *Dvorak study in Principles & Practice of Chiropractic, Haldeman 2nd Ed.*).

Chiropractic adjustments of the spine are internationally recognized as being far safer in dealing with neck and low back pain than medication and many other alternatives (*A Risk Assessment of Cervical Manipulation, JMPT, 1994 Manga Report, Ontario Ministry of Health, 1993*).

If you have any questions related to the chiropractic care you are about to receive or about alternative options, please speak to the chiropractor.

I have discussed the above information with the chiropractor and give my consent to Chiropractic Care.

Client or Guardian's Signature

Chiropractor's Signature

Client's Name

Date