# Odessa Chiropractic Center
# Back In Action Spinal Decompression Center

Patient Name _____ Pt#_____ Date _____

## GENERAL INFORMATION

Chief complaint or reason for today's visit? _____

How long have you had this condition? _____Date of Onset?_____

Have you had this condition before? _____If yes, when? _____ Is the condition related to:

( ) Work ( ) Auto ( ) Other Date of accident: _____ Have you lost days from work? _____

What doctors have you seen for this condition? _____

What did they do? _____

When was your last visit to a chiropractor? _____Were you helped? _____

Are you currently wearing: Heel Lifts ( ) Y ( ) N Arch Supports ( ) Y ( ) N Back Brace ( ) Y ( ) N

## MEDICAL HISTORY

What surgeries have you had? _____

_____

List drugs you now take (prescription & non-prescription): _____

_____

## MEDICAL CONDITIONS

Please mark an **"X" for current conditions**, and mark an **"O" for any past conditions**

__Fractured Bones
__Auto Accidents
_01-Yr _1-5 Yr _5+Yr
__Other Accidents/Falls
__Back Curvature
__Arthritis
__Convulsions/Epilepsy
__Cancer
__Frequent Colds/Flus
__ Diabetes
__Stroke
__Heart Problems
__Depression
__Anemia
__Allergies
__Sinus Problems
__ Eating Disorders
__Jaw Pain/TMJ ()R ()L
__Migraine
_High/Low Blood Pressure
__Varicose Veins
__Heartburn
__Ulcers
__Colon Trouble
__Hemorrhoids
__Prostate Problems
__Impotence
__Kidney Trouble
__Menstrual Problems
__Menopausal Problems
__Bed Wetting
__Ear Infections
__Fibromyalgia
__Chronic Fatigue
__Carpal Tunnel
__Asthma
__Lung Problems

Other Conditions or Comments: _____

Check symptoms that apply:
**X for present, O for past.**

**HEAD:**
__Headaches
__Sinus
__Allergies
__Pn in back of head
__Pn in forehead
__Pn in temples
__Pn in entire head
__Head feels heavy
__Feel light headed
__Fainting spells
__Face feels flushed
__Loss of memory
__Eyes feel strained
__Sensitive to light
__Vision trouble
__Dizziness
__Loss of hearing
__Pn in ears
__Ringing in ears
__Buzzing in ears
__Loss of taste
__Loss of smell

**NECK:**
__Neck pain
__Neck stiffness
__Neck pain with:
_movement forward
_backward
_turning left
_turning right
_bending left
_bending right
__Muscle spasms
__Grinding sounds

**SHOULDERS:**
__Pn in joint
__Pn across
__Pn between
__Stiffness
__Tension
__Muscle spasms
__Unable to raise arms

**ARMS & HANDS:**
__Pn in upper arms
__Pn in elbow
__Pn in forearm
__Pn in hands
__Pn in fingers
__Pins & needles
__Numbness
__Hands get cold
__Stiffness
__Loss of grip

**MID BACK:**
__Pn in mid back
__Stiffness
__Muscle spasms

**CHEST:**
__Chest pain
__Shortness of breath
__Pn in ribs
__Breast pn
__Irregular heartbeat

**ABDOMEN:**
__Nervous stomach
__Nausea
__Gas
__Constipation
__Diarrhea
__Hemorrhoids

**LOW BACK:**
__Muscle spasms
__Stiffness/Pain
__Pn in low back when:
_working
_lifting
_stooping
_standing
_sitting
_bending
_coughing
_lying down
_walking

**HIPS, LEGS & FEET:**
__Pn in buttocks
__Pn in hips
__Pn down legs
__Leg cramps
__Cramps in feet
__Knee pain
__Tingling in legs
__Numbness in legs
__Numbness in feet
__Numbness in toes
__Swollen ankles
__Swollen feet
__Cold feet

**WOMEN ONLY:**
__Irregular cycles
__Menstrual cramping
__Discharge
__Night sweats
__Currently pregnant

**MEN ONLY:**
__Prostate problems
__Difficult urination
__Frequent urination

**GENERAL:**
__Anxiety
__Allergies
__Heartburn
__Nervousness
__Irritable
__Depression
__Fatigue
__Difficult sleep
__Weight loss
__Weight gain
__Excessive sweating
__Tremors
__Can't concentrate

**OTHER:**

_____

_____

_____

**Pt # _____**

**Patient Name:**