



Advanced Chiropractic and Nutrition  
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## Confidential Case History

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

What is your **Primary Complaint**? \_\_\_\_\_

Describe the **Location** of your **symptoms**: \_\_\_\_\_

**How long** has this problem bothered you? \_\_\_\_\_

**How often** does it bother you?  Constantly  Daily  Weekly \_\_\_x /wk  Monthly \_\_\_x / month

Does this problem **refer** to other areas?  Yes  No Where? \_\_\_\_\_

Has this problem been progressively getting  better or  worse over time?

What is the **level of your pain at it's worst**? No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain of my life

What is the **level of your pain at it's best**? No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain of my life

What is the **Character (Quality)** of your pain?  Dull/ache  Sharp/stabbing  Burning  Shooting  
 Pinching  Numbness / tingling  Variable  Other \_\_\_\_\_

What **aggravates** your condition? \_\_\_\_\_

What **relieves** your condition? \_\_\_\_\_

What **other treatment** have you tried for this condition?

Rest  Ice/Heat  Stretches  Physiotherapy  Acupuncture  Massage  Other \_\_\_\_\_

What **activities** does this **prevent** you from doing? \_\_\_\_\_

Does this problem cause you to experience any **sleep problems**?

Difficulty falling asleep  Waking during the night  Waking earlier than normal  Waking unrested

Please list any **other complaints** (health problems) you would **like to get rid of**:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What are your **goals for care**?  Pain/symptom relief  Improved function  Correction of the "Cause"  
 Maintenance & Prevention of other problems  Overall Health & Wellness

### HISTORY OF SPINAL TRAUMA:

Have you ever been involved in any **motor vehicle accidents** (minor or major)?  Yes  No

- Date(year): \_\_\_\_\_ Injuries/Treatment: \_\_\_\_\_
- Date(year): \_\_\_\_\_ Injuries/Treatment: \_\_\_\_\_

Have you ever had any major **falls**?  Down the stairs  On ice  Off Bikes  From trees  
 Other \_\_\_\_\_

Have you ever had any **Sports injuries**?  Sprain / Strain  Fracture  Concussion  Dislocation  Other  
 Describe: \_\_\_\_\_

What type of **sleep posture** do you have?  Belly  Side  Back  More than 1 pillow  Futon/Waterbed