

Ivy Commons Family Chiropractic
 4422 Ivy Commons
 Charlottesville, VA 22901
 Phone: 434-293-2779
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Demographic & Contact Information

Website: ivy.chiropractic.com			
First Name:	Last Name:	Birth Date:	SSN:
Address		Primary Phone	Cell Phone
Address 2		Work Phone	Home Phone
City	State/Province	Postal Code	
E-Mail		Direct E-Mail	
Preferred Communication	Preferred Reminder Format	Preferred Language	Smoking Status

Gender, Race and Ethnicity

Gender	Gender Identity	Sexual Orientation	
OMB Ethnicity		CDC Ethnicity	
OMB Race		CDC Race	

Current Medications

Medication	Reason	Start Date
Medication	Reason	Start Date
Medication	Reason	Start Date
Medication	Reason	Start Date
Medication	Reason	Start Date

Medication Allergies

Medication	Reason	Symptom
Medication	Reason	Symptom
Medication	Reason	Symptom

Allergies (Check all that apply)

amoxicillin ampicillin Animals apples Aspirin/Pain Medicine aspirin bactrim
 Bee Stings carrots ceechlore ciprofloxacin clindamycin CODEINE
 Dairy Products (milk, cheese) Dust eczema Eggs eggs Gluten IODINE LAYTEX
 METFORMAN Molds NIACIN No Allergies none NONE Peanuts Penicillin
 prednisone PROPEXLYNEGLYCOLNIACIN Quaternium 15 Ragweed/Pollen ROXICET
 Rubber Seasonal Allergies Shellfish strawberry sulfa Sulfa Drugs Wheat None
 Scallops None

Surgeries (Check all that apply)

Achilles Tendon Ankle Ankle Appendix Arm Back basal cell removal Brain/Tumor
 Breast implants C section Carpal tunnel cataracts Cervical Disc Chest chest tube
 C-Section Defibrillator Disc Diverticulitis EENT Elbow eyes Foot Gallbladder
 Gastric Bypass Gastrointestinal Gynecological Heart / Pace Maker Heart Bypass Hernia
 Hip Hip Replacement hysterectomy IORT treatment (Radiation treatment) knee
 Knee - Arthroscopic Knee Replacement Leg liposuction Lumbar Disc Mastectomy
 myarectomy Neck Neurological None oral surgery Other sewed left hand on
 shoulder Shoulder - Arthroscopic Shoulder Replacement Splenectomy Thoracic Disc
 Tonsil Trigger thumb Wisdom Teeth Wisdom Tooth Removal Wrist Wrist/Hand
 NONE hernia Kidneys

Medical History (Check all that apply)

Alzheimer anemia Ankle Pain Arm Pain Arthritis Asthma Autoimmune Disease
 Back Pain back pain Broken Bones broken wrist Bulging disc Cancer
 CARPAL TUNNEL Cataracts Celiac Chest Pain
 Chronic inflammatory demyelinating polyneuropathy COPD COPD Cracked Vertebra
 Defibulatore DEPRESSION Depression/Other disorder Diabetes Dizziness Ear aches
 Ear Infections Elbow Pain Epilepsy Eye/Vision Problems Fainting Fatigue
 Fibromyalgia Foot Pain Fractures Genetic Spinal Disorder Glaucoma Hand Pain
 Headaches Hearing Problems Heart attack Hepatitis High Blood Pressure
 High Cholesterol Hip Pain Hyperthyroidism Hypo Thyroidism Hypothyroidism
 Inguinale Hernia Jaw Pain Joint Stiffness Knee Pain Leg Pain LEG PAIN
 Low Back Pain Menstrual Problems MERSA Mid Back Pain Minor Heart Trouble
 Multiple Sclerosis Neck Pain Neurological Disorder NONE osteoporosis Pacemaker
 Parkinson's Disease Plantar Fasciitis Prostate Problems Sciatica Scoliosis Shoulder Pain
 Significant weight change SLEEP Apnoea Spinal Cord Injury Sprain/Strain
 Stomach Problems Stroke/Heart Attack TIA Tinnitus Tumor Ulcer/s Wrist Pain

Social History (Check all that apply)

Social History - Continued (Check all that apply)

Is patient currently smoking/tobacco use Disability Recreational drug use
Patient current level of alcohol use Patient current level of caffeine use Patient current marital status
Patient has poor diet habits Patient has poor sleep habits Patient has stress
Patient is currently a student Patient is currently employed Patient is exercising
Patient is in good general health

Custom (Check all that apply)

Are you pregnant? Have you been under Chiropractic care before?

Family History

Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition
Family Member	Condition

Accidents

Accident Type	Details
Accident Type	Details
Accident Type	Details
Accident Type	Details
Accident Type	Details

Tell us about your symptom(s) today. Symptom #1

Symptom

Symptom Start Date

Experienced before?

On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the level of pain?

None 0 1 2 3 4 5 6 7 8 9 10

What is the intensity of the pain?

None Minimum Mild Moderate Severe Unbearable

What is the nature of pain?

Ache Burning Dull ache Numb Pinching Radiating pain Sharp Shooting Sore
Spasam Stabbing pain Tender Throbbing Tightness Tingling Weakness

What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day)
Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

What makes the pain better?

Acupuncture Chiropractic Therapy Don't know, just started Heat Ice Massage Therapy
Nothing Works Pain Medicines Physical Therapy Pressure Sleep/Rest Stretching

What makes the pain worse?

Bathing Bending Breathing or Sneezing Caring for Children / Others / Pets Carrying Objects
Changing Position Climbing Stairs Computer Work Cooking/Cleaning Crouching/Squatting
Dressing Driving Exercise/Sports General Mobility Holding onto objects Inactivity
Jogging Leaning Lifting Light/Sound Looking up / Down Lying down Moving Joint/s
Personal hygiene/Grooming Pushing/Pulling with feet Pushing/Pulling with hands
Reaching out/up/down Reading Running Sexual Activity Sitting Standing Turning
Twisting Walking Working Yard work

What are your expectations regarding this symptom?

Become Pain Free Explanation of my Condition Learn how to care for this condition on my own
Reduce Symptoms Resume Normal Activity

Tell us about your symptom(s) today. Symptom #2

Symptom

Symptom Start Date

Experienced before?

On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the level of pain?

None 0 1 2 3 4 5 6 7 8 9 10

What is the intensity of the pain?

None Minimum Mild Moderate Severe Unbearable

What is the nature of pain?

Ache Burning Dull ache Numb Pinching Radiating pain Sharp Shooting Sore
Spasms Stabbing pain Tender Throbbing Tightness Tingling Weakness

What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day)
Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

What makes the pain better?

Acupuncture Chiropractic Therapy Don't know, just started Heat Ice Massage Therapy
Nothing Works Pain Medicines Physical Therapy Pressure Sleep/Rest Stretching

What makes the pain worse?

Bathing Bending Breathing or Sneezing Caring for Children / Others / Pets Carrying Objects
Changing Position Climbing Stairs Computer Work Cooking/Cleaning Crouching/Squatting
Dressing Driving Exercise/Sports General Mobility Holding onto objects Inactivity
Jogging Leaning Lifting Light/Sound Looking up / Down Lying down Moving Joint/s
Personal hygiene/Grooming Pushing/Pulling with feet Pushing/Pulling with hands
Reaching out/up/down Reading Running Sexual Activity Sitting Standing Turning
Twisting Walking Working Yard work

What are your expectations regarding this symptom?

Become Pain Free Explanation of my Condition Learn how to care for this condition on my own
Reduce Symptoms Resume Normal Activity

Tell us about your symptom(s) today. Symptom #3

Symptom

Symptom Start Date

Experienced before?

On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the level of pain?

None 0 1 2 3 4 5 6 7 8 9 10

What is the intensity of the pain?

None Minimum Mild Moderate Severe Unbearable

What is the nature of pain?

Ache Burning Dull ache Numb Pinching Radiating pain Sharp Shooting Sore
Spasam Stabbing pain Tender Throbbing Tightness Tingling Weakness

What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day)
Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

What makes the pain better?

Acupuncture Chiropractic Therapy Don't know, just started Heat Ice Massage Therapy
Nothing Works Pain Medicines Physical Therapy Pressure Sleep/Rest Stretching

What makes the pain worse?

Bathing Bending Breathing or Sneezing Caring for Children / Others / Pets Carrying Objects
Changing Position Climbing Stairs Computer Work Cooking/Cleaning Crouching/Squatting
Dressing Driving Exercise/Sports General Mobility Holding onto objects Inactivity
Jogging Leaning Lifting Light/Sound Looking up / Down Lying down Moving Joint/s
Personal hygiene/Grooming Pushing/Pulling with feet Pushing/Pulling with hands
Reaching out/up/down Reading Running Sexual Activity Sitting Standing Turning
Twisting Walking Working Yard work

What are your expectations regarding this symptom?

Become Pain Free Explanation of my Condition Learn how to care for this condition on my own
Reduce Symptoms Resume Normal Activity

Tell us about your symptom(s) today. Symptom #4

Symptom

Symptom Start Date

Experienced before?

On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the level of pain?

None 0 1 2 3 4 5 6 7 8 9 10

What is the intensity of the pain?

None Minimum Mild Moderate Severe Unbearable

What is the nature of pain?

Ache Burning Dull ache Numb Pinching Radiating pain Sharp Shooting Sore
Spasam Stabbing pain Tender Throbbing Tightness Tingling Weakness

What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day)
Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

What makes the pain better?

Acupuncture Chiropractic Therapy Don't know, just started Heat Ice Massage Therapy
Nothing Works Pain Medicines Physical Therapy Pressure Sleep/Rest Stretching

What makes the pain worse?

Bathing Bending Breathing or Sneezing Caring for Children / Others / Pets Carrying Objects
Changing Position Climbing Stairs Computer Work Cooking/Cleaning Crouching/Squatting
Dressing Driving Exercise/Sports General Mobility Holding onto objects Inactivity
Jogging Leaning Lifting Light/Sound Looking up / Down Lying down Moving Joint/s
Personal hygiene/Grooming Pushing/Pulling with feet Pushing/Pulling with hands
Reaching out/up/down Reading Running Sexual Activity Sitting Standing Turning
Twisting Walking Working Yard work

What are your expectations regarding this symptom?

Become Pain Free Explanation of my Condition Learn how to care for this condition on my own
Reduce Symptoms Resume Normal Activity

Tell us about your symptom(s) today. Symptom #5

Symptom

Symptom Start Date

Experienced before?

On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the level of pain?

None 0 1 2 3 4 5 6 7 8 9 10

What is the intensity of the pain?

None Minimum Mild Moderate Severe Unbearable

What is the nature of pain?

Ache Burning Dull ache Numb Pinching Radiating pain Sharp Shooting Sore
Spasms Stabbing pain Tender Throbbing Tightness Tingling Weakness

What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day)
Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

What makes the pain better?

Acupuncture Chiropractic Therapy Don't know, just started Heat Ice Massage Therapy
Nothing Works Pain Medicines Physical Therapy Pressure Sleep/Rest Stretching

What makes the pain worse?

Bathing Bending Breathing or Sneezing Caring for Children / Others / Pets Carrying Objects
Changing Position Climbing Stairs Computer Work Cooking/Cleaning Crouching/Squatting
Dressing Driving Exercise/Sports General Mobility Holding onto objects Inactivity
Jogging Leaning Lifting Light/Sound Looking up / Down Lying down Moving Joint/s
Personal hygiene/Grooming Pushing/Pulling with feet Pushing/Pulling with hands
Reaching out/up/down Reading Running Sexual Activity Sitting Standing Turning
Twisting Walking Working Yard work

What are your expectations regarding this symptom?

Become Pain Free Explanation of my Condition Learn how to care for this condition on my own
Reduce Symptoms Resume Normal Activity