Byers Family Chiropractic

Patient Name:									Date:	
Add	ress						City		State	Zip Code
Н. Р	hone	e		W. P	hone _				Cell Phone	e
Ema	il A	ddre	ss:					_		
Sex Soci				Marital Status		S	D	W	Date of Birth	Age
Who	may	y we sit g	thank fo	or referring you to our or e for you or your family fic complaint or wellne	office?			Fam		Myself
	•			ed Chiropractic care?				-		Any X-Rays?
				Chiropractor:						
				eking chiropractic car	e:					
Prim	ary 1	reaso	on:							
Seco	ndaı	rv re	ason:							
5000	maai	iy ic	ason.							
2.	Pro	eviou	us interv	entions, treatments, n						or your complaint:
3.	Pas	st H	ealth His							
		A.	Pro	evious illnesses you've	had in	yo	ur life	:		
		B.	Pro	evious Injury or Trau	ma:					
		Hav	ve you ev	ver broken any bones?	Whic	h?				
		C.	All	lergies:						
		D.		edications:						
			dication	cuications.					Reason for takir	nα
		IVIC	uication						Reason for takin	ig

111 W Fillmore St. Phone:719-447-0711

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	nt Name:		Date:
	E		
	E. Date	Surgeries:	Type of Surgery
			Type of Surgery
	F.	Females: Pregnancies and	outcomes:
	Pregn	ancies Date of Delivery	Outcome
4.	Family H	ealth History:	
	•	th problems of relatives:	
——— Dootl	as in imme	ediate family:	
		s or siblings death	Age at death
Cuus	e or purem	5 of storings doubl	rige in death
 5.	Social an	d Occupational History:	
	A.	Job description:	
	В.	Work schedule:	
	<u> </u>	Recreational activities:	
	C. D.		alcohol, tobacco and drug use, diet):
			alcohol, tobacco and drug use, diet):
I hav	D.	Lifestyle (hobbies, level of exercise,	alcohol, tobacco and drug use, diet): e and correct to the best of my knowledge, and hereby
autho	D. e read the orize this o	Lifestyle (hobbies, level of exercise, above information and certify it to be true ffice of Chiropractic to provide me with a	e and correct to the best of my knowledge, and hereby chiropractic care, in accordance with this state's statutes. If
autho my ir	D. e read the prize this of a surance w	Lifestyle (hobbies, level of exercise, above information and certify it to be true ffice of Chiropractic to provide me with a	e and correct to the best of my knowledge, and hereby
authomy in	D. e read the prize this of a surance with the prize this of a surance with the prize that the	Lifestyle (hobbies, level of exercise, above information and certify it to be true ffice of Chiropractic to provide me with will be billed, I authorize payment of medical contents.	e and correct to the best of my knowledge, and hereby chiropractic care, in accordance with this state's statutes. If

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Patient Name:				Date:	
	NEW PAT	TIENT HISTO	RY FORM		
Symptom 1					
• On a scale from 0-10,	with 10 being the v	 worst, please circl	e the number th	at best describe	s the symptom most
	2 3 4 5 6	•			
What percentage of the				vmptom at the	above intensity:
5% 10% 15% 20% 25% 30	•				•
When did the sympton					
	ptom begin sudden	ly or gradually? (circle one)	Sudde	en Gradual
	symptom begin? _				
What makes the symptom					
sitting, standin	ward, bending back ag, getting up from (please describe):	sitting position, li			
 What makes the symptom 	tom better? (circle	all that apply):			
o Rest, ice, hea	at, stretching, exerc	cise, massage, pai	n medication, m	uscle relaxers,	
nothing, Other	(please describe):				
 Describe the quality of 	* *				
	achy, burning, thro				ep, superficial,
1 1 1	, generalized area o				
 Does the symptom rad 	*	•	/	Yes	No
	e does the sympton				
• Is the symptom worse				Day	Night
o Morning	Afternoon	Evening	Night	Unaffected	by time of day
Symptom 2					
• On a scale from 0-10,	with 10 being the v	 worst_please circl	e the number th	at best describe	s the symptom most
	2 3 4 5 6	•		ar o'est aeserroe	s the symptom most
What percentage of the				vmptom at the	above intensity:
5% 10% 15% 20% 25% 30	•				•
When did the sympton					
	ptom begin sudden	ly or gradually? (circle one)	Sudde	en Gradual
	symptom begin?		,		
What makes the symptom					
• •	ward, bending back		ft, tilting to righ	nt, turning to lef	ft, turning to right,
nothing, other	ng, getting up from (please describe):		fting, any move	ement, driving,	walking, running,
 What makes the sympt 	,				
	at, stretching, exerc		n medication, m	uscle relaxers,	
_	(please describe):				
• Describe the quality of	* *				
* '	achy, burning, thro	0.1	<u> </u>	0. 00 0.	ep, superficial,
	, generalized area o				
 Does the symptom rad o If yes, where 	liate to another parted does the sympton	•	cle one):	Yes	No
• Is the symptom worse	at certain times of	the day or night?	(circle one):	Day	Night
o Morning	Afternoon	Evening	Night	Unaffected	by time of day

Patient Name:				Date:	
	NEW PAT	TENT HISTO	RY FORM		
Symptom 3					
• On a scale from 0-10	with 10 being the v	 vorst_please circle	the number the	at hest describes	the symptom most
of the time: 0 1	•	•		at oost describes	the symptom most
• What percentage of t				vmptom at the al	hove intensity:
5% 10% 15% 20% 25% 3	•				•
When did the symptom					
	nptom begin sudden	ly or gradually? (c	rircle one)	Sudder	n Gradual
	e symptom begin? _		,		
 What makes the sym 		all that apply):			
o Bending fo	rward, bending back	ward, tilting to le	ft, tilting to righ	it, turning to left.	, turning to right,
sitting, stand	ing, getting up from er (please describe):				
 What makes the sym 	ptom better? (circle	all that apply):			
o Rest, ice, h	eat, stretching, exerc	cise, massage, pair	medication, m	uscle relaxers,	
nothing, Other	er (please describe):				
 Describe the quality 	of the symptom (circ	cle all that apply):			
•	, achy, burning, thro		-		p, superficial,
	n, generalized area o				
 Does the symptom ra 	-	• • •		Yes	No
	re does the symptom				
• Is the symptom wors				Day	Night
o Morning	Afternoon	Evening	Night	Unaffected by	y time of day
Symptom 4					
• On a scale from 0-10	with 10 being the v	 vorst_please_circle	the number th	at hest describes	the symptom most
	2 3 4 5 6			ar oest deserroes	the symptom most
• What percentage of t		, , , , ,		vmptom at the al	bove intensity:
5% 10% 15% 20% 25% 3	•			_	•
When did the symptom					
* 1	nptom begin sudden	ly or gradually? (c	rircle one)	Sudder	n Gradual
	e symptom begin?		,		
 What makes the sym 	ptom worse? (circle	all that apply):			
o Bending fo	rward, bending back	ward, tilting to le	ft, tilting to righ	it, turning to left,	, turning to right,
	ing, getting up from er (please describe):	sitting position, li	fting, any move	ement, driving, w	valking, running,
 What makes the sym 	ptom better? (circle	all that apply):			
o Rest, ice, h	eat, stretching, exerc	cise, massage, pair	medication, m	uscle relaxers,	
_	er (please describe):				
• Describe the quality	* * .				
o Sharp, dull	, achy, burning, thro	obbing, piercing, s	hooting, stabbir	ng, nagging, dee	p, superficial,
pin-point pai	n, generalized area o	of pain, Other (plea	ase describe): _		
• Does the symptom ra o If yes, whe	idiate to another part re does the symptom	•	cle one):	Yes	No
• Is the symptom wors			circle one):	Day	Night
o Morning	Afternoon	Evening	Night	Unaffected by	-

			Date:	
	NEW PATI	ENT HISTORY FOR	RM	
Symptom 5				
	with 10 being the we	orst, please circle the numb	er that best describes the	he symptom most
of the time: 0 1	2 3 4 5 6	7 8 9 10		
5% 10% 15% 20% 25% 30	0% 35% 40% 45%	e do you experience the abo 50% 55% 60% 65% 709		•
When did the sympton	-			
•		y or gradually? (circle one)	Sudden	Gradual
	symptom begin?			
• What makes the symp			might transing to last t	armina ta mialet
sitting, standir		vard, tilting to left, tilting to itting position, lifting, any i		
 What makes the symp 	tom better? (circle al	ll that apply):		
o Rest, ice, he	at, stretching, exerci	se, massage, pain medication	on, muscle relaxers,	
_	~ _			
 Describe the quality o 	• 1	11 0/		
-		bing, piercing, shooting, st		-
	-	pain, Other (please describ		
* *		of your body (circle one):	Yes	No
		radiate?		NT: 14
• •		he day or night? (circle one)	•	Night
o Morning	Afternoon	Evening Nigh	t Unaffected by	time of day
Symptom 6				
• On a scale from 0-10.	with 10 being the w	 orst. please circle the numb	er that best describes t	he symptom most
• On a scale from 0-10,		orst, please circle the numb	er that best describes the	he symptom most
• On a scale from 0-10, of the time: 0 1	2 3 4 5 6	7 8 9 10		
• On a scale from 0-10, of the time: 0 1	2 3 4 5 6 e time you are awake	7 8 9 10 e do you experience the abo	ove symptom at the abo	ove intensity:
 On a scale from 0-10, of the time: 0 1 What percentage of th 	2 3 4 5 6 e time you are awak 0% 35% 40% 45%	7 8 9 10 e do you experience the abo	ove symptom at the abo	ove intensity:
 On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton 	2 3 4 5 6 e time you are awak 0% 35% 40% 45% m begin?	7 8 9 10 e do you experience the abo	ove symptom at the above 75% 80% 85% 90	ove intensity:
 On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym 	2 3 4 5 6 e time you are awak 0% 35% 40% 45% m begin?	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709	ove symptom at the above 75% 80% 85% 90	ove intensity: 95% 100%
 On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp 	2 3 4 5 6 e time you are awake 0% 35% 40% 45% m begin? ptom begin suddenly symptom begin? tom worse? (circle a	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one)	ove symptom at the above 75% 80% 85% 90 Sudden	ove intensity: 9% 95% 100% Gradual
 On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standing 	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one)	ove symptom at the above 75% 80% 85% 90 Sudden right, turning to left, t	ove intensity: 9% 95% 100% Gradual urning to right,
 On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standing 	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe):	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): vard, tilting to left, tilting to itting position, lifting, any r	ove symptom at the above 75% 80% 85% 90 Sudden right, turning to left, t	ove intensity: 9% 95% 100% Gradual urning to right,
On a scale from 0-10, of the time: 0 1 What percentage of th 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standin nothing, other What makes the symp	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): vard, tilting to left, tilting to itting position, lifting, any r	Sudden oright, turning to left, to movement, driving, wa	ove intensity: 9% 95% 100% Gradual urning to right,
On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standing, other What makes the symp o Rest, ice, he	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any relationship.	Sudden oright, turning to left, to movement, driving, wa	ove intensity: 9% 95% 100% Gradual urning to right,
On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standing, other What makes the symp o Rest, ice, he	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): _	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any r Ill that apply): se, massage, pain medication	Sudden oright, turning to left, to movement, driving, wa	ove intensity: 9% 95% 100% Gradual urning to right,
On a scale from 0-10, of the time: 0 1 What percentage of th 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standing nothing, other What makes the symp o Rest, ice, he nothing, Other Describe the quality o	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): f the symptom (circle	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any r Ill that apply): se, massage, pain medication	Sudden oright, turning to left, to movement, driving, was on, muscle relaxers,	ove intensity: 9% 95% 100% Gradual urning to right, lking, running,
On a scale from 0-10, of the time: 0 1 What percentage of th 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standin nothing, other What makes the symp o Rest, ice, he nothing, Other Describe the quality o o Sharp, dull,	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): f the symptom (circle achy, burning, throb	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any re Ill that apply): se, massage, pain medication e all that apply):	Sudden oright, turning to left, to movement, driving, was on, muscle relaxers, abbing, nagging, deep,	ove intensity: 9% 95% 100% Gradual urning to right, lking, running,
On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the sympton o Did the sym o How did the What makes the symp o Bending for sitting, standin nothing, other What makes the symp o Rest, ice, he nothing, Other Describe the quality o o Sharp, dull, pin-point pain	2 3 4 5 6 e time you are awake 10% 35% 40% 45% n begin? ptom begin suddenly t symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): f the symptom (circl achy, burning, throb , generalized area of	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any re Ill that apply): se, massage, pain medication e all that apply): bbing, piercing, shooting, st	Sudden Sudden oright, turning to left, to movement, driving, was on, muscle relaxers, abbing, nagging, deep, e):	ove intensity: 9% 95% 100% Gradual urning to right, lking, running,
On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the symptor o Did the sym o How did the What makes the symp o Bending for sitting, standin nothing, other What makes the symp o Rest, ice, he nothing, Other Describe the quality o o Sharp, dull, pin-point pain Does the symptom rac o If yes, where	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): _ f the symptom (circle achy, burning, throb , generalized area of liate to another part of the does the symptom a	e do you experience the about 50% 55% 60% 65% 70% or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any number of the second of the second of your body (circle one): radiate?	Sudden Sudden oright, turning to left, to movement, driving, was on, muscle relaxers, abbing, nagging, deep, e): Yes Yes	Gradual Gradual urning to right, lking, running, superficial,
On a scale from 0-10, of the time: 0 1 What percentage of th 5% 10% 15% 20% 25% 30 When did the symptor o Did the sym o How did the What makes the symp o Bending for sitting, standin nothing, other What makes the symp o Rest, ice, he nothing, Other Describe the quality o o Sharp, dull, pin-point pain Does the symptom rac o If yes, where	2 3 4 5 6 e time you are awake 10% 35% 40% 45% m begin? ptom begin suddenly e symptom begin? tom worse? (circle a ward, bending backy ng, getting up from s (please describe): tom better? (circle a at, stretching, exerci r (please describe): _ f the symptom (circle achy, burning, throb , generalized area of liate to another part of the does the symptom a	7 8 9 10 e do you experience the abo 50% 55% 60% 65% 709 y or gradually? (circle one) Ill that apply): ward, tilting to left, tilting to itting position, lifting, any r Ill that apply): se, massage, pain medication e all that apply): obing, piercing, shooting, st Spain, Other (please describ of your body (circle one):	Sudden Sudden oright, turning to left, to movement, driving, was on, muscle relaxers, abbing, nagging, deep, e): Yes Yes	Gradual Gradual urning to right, lking, running, superficial,