Barenborg Chiropractic 209 West 6 North Street Summerville SC 29483 Phone 843 875 3315 Fax 843 875 7266

Patient #	Date				
Patient name	Spouse				
Address					
City		_State	Zip		
Phone	Work		Cell		
Date of birth		SS#			
AgeSex	_Emergency contact_		Phone		
Insurance Co		Employer			
Employee	Date of birth_		_SS#		

2. Indicate on the drawings below where you have pain/symptoms



3. How often do you experience your symptoms?

- □ Constantly (76-100% of the time)
 - □ Frequently (51-75% of the time)
- □ Occasionally (26-50% of the time)
- □ Intermittently (1-25% of the time)

4. How would you describe the type of pain? □ Numb

- □ Sharp Dull
- □ Tingly
- □ Sharp with motion Shooting with motion
- □ Achy
- Burning Shooting
- Stabbing with motion
- Electric like with motion
- □ Stiff

Diffuse

Other:____

5. How are your symptoms changing with time?

Getting Worse

Staying the Same

Getting Better

6. Using a scale from 0-10 (10 b 0 1 2 3 4 5 6 7	8 9	10 (Please circle)	
7. How much has the problem in		d with your work? erately □ Quite a bit	□ Extremely
8. How much has the problem in		d with your social activit erately Quite a bit	ties? □ Extremely
9. Who else have you seen for y no	our prol	olem?	Chiropractic care? yes
10. How long have you had this	problem	1?	
11. How do you think your prob			
12. Do you consider this proble		severe?	
□ Yes □ Yes, at times		□ No	
13. What aggravates your problem	em?		
What alleviates your problem	n?		
14. What concerns you the mos	t about y	your problem; what does	s it prevent you from doing?
15.Occupation			
16. How would you rate your ov	erall He	alth?	
Excellent Dery Good	🗆 Good	I □ Fair □ Poor	
		I □ Fair □ Poor	
17. What type of exercise do you	u do?		
17. What type of exercise do you □ Stenuous □ Moderate	u do? □ Li	ght 🗆 None	
 17. What type of exercise do you □ Stenuous □ Moderate 18. Indicate if you have any imm 	u do? □ Li	ght □ None amily members with any	
 17. What type of exercise do you Stenuous Moderate 18. Indicate if you have any imm Rheumatoid Arthritis 	u do? □ Li	ght □ None amily members with any □ Diabetes	Lupus
 17. What type of exercise do you Stenuous Moderate 18. Indicate if you have any imm Rheumatoid Arthritis Heart Problems 	u do? □ Li(nediate f	ght □ None amily members with any □ Diabetes □ Cancer	□ Lupus □ ALS
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20. List all prescription medications you are currently taking:

21. List all of the over-the-counter medications you are currently taking:

22. List all surgical procedures you have had:						
23. What activities do	you do at work?					
🗆 Sit:		Half the day	A little of the day			
Stand:	Most of the day	Half the day	A little of the day			
Computer work:	Most of the day	Half the day				
On the phone:	Most of the day	Half of the day				
24. What activities do	you do outside of work?					
25. Have you ever be	en hospitalized? □ No	□ Yes				
	nificant past trauma? 🛛 🗆 No					
	tinent to your visit today?					
28. Height	Weight					
29. Have vou ever be	en diagnosed with Osteopor	rosis Osteonenia	Bone loss			