Tune Chiropractic Health & Healing

Welcome to Tune Chiropractic! We hope that you will feel at home in our office.

Name: ______________________________

Guardian or Parents: ______________________________

Phone: ______________________________

Email: ______________________________

Birthdate: ______________ Age: ________ Height: __________ Weight: __________

Address: ______________________________

Occupation: ______________________________

Emergency Contact & Number: ______________________________

Whom may we thank for referring you to our office? ______________________________

Reason for Seeking Chiropractic Care:

( ) To experience a new level of health and healing ______________________________

( ) To become more connected to my body ______________________________

( ) Increased athletic performance______________________________

( ) To relieve my pain ______________________________

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( ) Other reason______________________________

____

In general would you say your overall health right now is: ( ) Excellent ( ) Very Good ( ) Fair ( ) Poor

Are you currently taking any medications? Please list: ______________________________

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Is this your first experience with Chiropractic? ( ) Yes ( ) No

Please describe past care ______________________________

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Describe your symptoms: ______________________________

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When did your symptoms start? ______________________________

How did your symptoms begin? ______________________________

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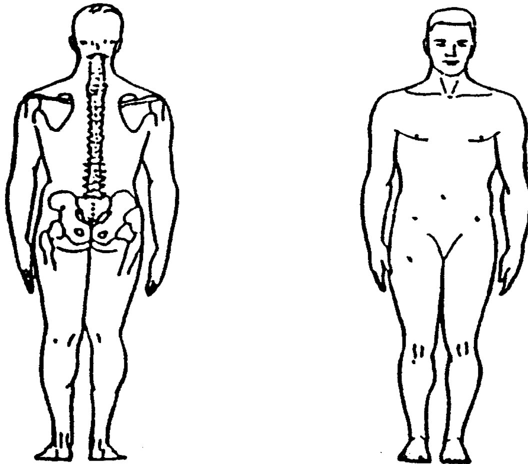
Is the pain Work-Related? ______________________________

Is the pain Auto-Related? ( ) Yes ( ) No

If yes, Date of Accident: ____________ **Location of Accident:** ______________

Circle on the model were have pain:



How often do you experience your symptoms? Indicate were you have pain or other symptoms:

( ) Constantly (76 – 100% of the day) ______________________________

( ) Frequently (51 – 75% of the day) ______________________________

( ) Occasionally (26 – 50% of the day) ______________________________

( ) Intermittently (0 – 25% of the day) ______________________________

What describes the nature of your symptoms? ( ) Sharp ( ) Shooting ( ) Dull ache
( ) Burning ( ) Numb ( ) Tingling

How are your symptoms changing? ( ) Getting Better ( ) Not Changing ( ) Getting Worse

During the past 4 weeks indicate the average intensity of your symptoms:

(No pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable pain**)**

How much has pain interfered with your normal work, including both work outside the home and housework? ( ) Not at all ( ) A little bit ( ) Moderately ( ) Quite a bit ( ) Extremely

What makes the pain feel better? ______________________________

Or worse? ______________________________

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During the past 4 weeks how much of the time has your condition interfered with your social activities? ( ) All of the time ( ) Most of the time ( ) Some of the time ( ) A little of the time ( ) None of the time

Who have you seen for your symptoms? ( ) No One ( ) Medical Doctor ( ) Physical Therapist Chiropractor ( ) Massage ( ) Acupuncture

( ) Other: ______________________________

Check any of the following you have had in the six months:

( ) Headaches
( ) Sinus Congestion/ Allergies
( ) Vision Problems
( ) Ear Aches
( ) Dizziness
( ) Heart Problems
( ) Lung Problems / Congestion
( ) Blood Pressure Problems
( ) Ankle Swelling
( ) Prostate/ Sexual Dysfunction
( ) Menstrual Cycle Dysfunction
( ) Numbness
( ) Frequent Nausea/ Vomiting
( ) Abdominal Cramps
( ) Constipation
( ) Diarrhea
( ) Poor / Excessive Appetite
( ) Excessive Thirst
( ) Painful / Excessive Urine
( ) Discolored Urine
( ) Diabetes
( ) Cancer

Are you pregnant? ( ) Yes ( ) No ( ) Not Sure

For the purpose of HIPPA laws, please sign:

Tune Chiropractic Health and Healing “Notice of Privacy Practices” is available to read in the reception area of the office. I have a right to review Tune Chiropractic Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types and uses, and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Tune Chiropractic. The Notice of Privacy Practices is also provided on request at the front desk of this office. This Notice of Privacy Practice also describes my rights and Tune Chiropractic’s duties with respect to my protected health information. Tune Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy to be sent in the mail, or asking for one at the time of my appointment.

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Your Signature