

CASE HISTORY

Patient# _____ Date: _____ Phone# _____ Cell# _____

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address _____ Marital Status: S M D W No. of Children _____

City/Zip _____ Spouses Name: _____

Occupation: _____ Employer: _____ Work# _____

Referred by: _____ Past Chiropractic Care: Yes / No If yes, Dr. _____

Chief complaint: _____

Insurance Company: _____ Spouses Insurance: _____

Are your present injuries due to on-the-job injury? Yes No

Have you made a report of your accident to your employer? Yes No

Do you plan on turning it in on Workman's Compensation? Yes No

Are you now or have been disabled (service or work)? Yes No

If yes, When _____ How? _____

Race/Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Declined to specify

Please check all the following signs and symptoms that you are presently having.

General Symptoms

- Headache
- Fever
- Chills
- Night sweats
- Fainting
- Dizziness
- Convulsions
- Loss of sleep
- Fatigue
- Nervousness
- Loss of weight
- Numbness or pain in Arms/Hands/Legs
- Allergies
- Wheezing
- Neuralgia

Gastro-Intestinal

- Poor appetite
- Poor digestion
- Excessive hunger
- Belching or gas
- Nausea
- Vomiting
- Vomiting blood
- Pain over stomach
- Constipation
- Diarrhea
- Colon trouble
- Hemorrhoids/piles
- Liver problems
- Jaundice
- Gall Bladder trouble

Ear, Nose, Throat

- Poor vision
- Crossed eyes
- Pain in eyes
- Deafness
- Earache
- Ear noises
- Ear discharges
- Nasal obstruction
- Nose bleeds
- Sore throat
- Hoarseness
- Hay fever
- Asthma
- Frequent colds
- Enlarged thyroid
- Tonsillitis
- Sinus problems

Respiratory

- Chronic cough
- Spitting blood
- Spitting phlegm
- Chest pain
- Difficulty breathing

Genitor-Urinary

- Frequent urination
- Painful urination
- Blood in urine
- Kidney infection
- Bed wetting
- Inability to control urine
- Prostate trouble

Muscle & Joints

- Weakness
- Twitching
- Stiff neck
- Neck pain
- Upper back pain
- Mid back pain
- Lower back pain
- Spinal curvature
- Swollen joints
- Tremors
- Foot problems
- Painful tail bone
- Pain between shoulders
- Hernia

Cardio-Vascular

- Rapid heart
- Slow heart
- High blood pressure
- Low blood pressure
- Pain over heart
- Prev. heart problems
- Swelling of ankles
- Poor circulation
- Varicose veins
- Strokes

Skin or Allergies

- Skin eruptions
- Itching
- Bruising easily
- Dryness
- Eczema
- Boils
- Sensitive skin
- Hives or Allergies
- Medicines

For Women Only

- Painful periods
- Excess flow
- Irregular cycles
- Hot flashes
- Cramps or Backache
- Miscarriage
- Vaginal discharge
- Pregnant at this time
- Last Pap.

By Who: _____
Other: _____

Height: _____ Weight: _____



**GINGELL CHIROPRACTIC
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Please turn the page for more information →

