Tinkle Chiropractic Case History **Patient Name:** ______________________________

1. What is your reason for seeking chiropractic care:

____

Have you been to a chiropractor before? Yes No If yes, when: ______________________________

2. What is your chief complaint (where does it hurt / what is wrong):

Problem 1: ____

Problem 2: ____

Duration and Cause - How long has it hurt and how did it happen (If no cause put unknown):

Problem 1 duration and cause: ____

Problem 2 duration and cause: ____

Please circle the quality(s) of your complaint: Dull Aching Sharp Shooting Burning Throbbing

If it is shooting, where does it travel to on your body: ______________________________________

Please circle how often pain occurs: Constantly Frequently Occasionally Rarely

Any numbness or tingling? Yes No If yes, where: ______________________________________

Please circle severity of pain: Problem 1: (no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe pain)
Problem 2: (no pain) 0 1 2 3 4 5 6 7 8 9 10 (severe pain)

What makes it worse: ____

What makes it better: ____

3. Previous treatment on the primary chief complaint:
Diagnostic testing taken: Yes No If yes, what type of testing was done (MRI, Xray, CT) and when?

____

Previous history of surgery in any of these areas: Yes No If yes, what type of surgery was done:

____

4. Health History related to the primary chief complaint:
Any bowel or bladder problems since this problem began? ______________________________
Have you had any trauma to these areas in the past? Yes No If yes, what type of trauma occurred:
____

Patient Signature: ____ Date: _______/______/______