

Innate Empowerment Corporation

KB Chiropractic
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Patient Name _____ Date ____/____/____

1. What is your major symptom? _____
2. How did it happen? _____

3. If this is a recurrence, when was the first time you noticed this problem? _____
How did it originally occur? _____
Has it become worse recently? Yes____ No____ Same____ Better____ Worse____
If yes, when and how? _____
4. How frequent is the condition? Constant____ Daily____ Intermittent____ Other____
How long does it last? All Day____ Few Hours____ Other_____
5. Are there any other conditions or symptoms you have that may be related to your major symptom?
No ____ Yes____ Describe _____
Are there other unrelated health problems? No____ Yes____ Describe _____
6. Describe the pain: Sharp____ Dull____ Numbness____ Tingling____ Aching____
Burning____ Stabbing____ Other_____
7. Is there anything you can do to relieve the problem? No____ What have you tried?
_____ OR Yes____
Describe: _____
8. What makes the problem worse? Standing____ Sitting____ Lying____ Bending____
Lifting____ Twisting____ Other_____
9. How has it affected your daily activities? _____
10. Have you had any broken bones? No____ Yes____ Please list and give dates: _____
11. List any major accidents you have had other than those that might be mentioned above:

12. To your knowledge, have you had any diseases, major illnesses, injuries or other important health history not indicated on this form in the past or presently? No____ Yes____
Explain _____
13. Are you pregnant or is there a possibility? Yes____ No____ Uncertain____
14. Remarks:

NONE

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MARK AN "X" TO INDICATE PAIN LEVEL