Zimmerman Chiropractic Office

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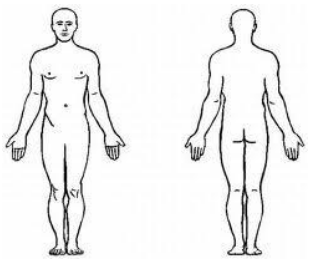
PERSONAL HISTORY for (Name) _____

Height: _____ Weight: _____ Date of Birth(mm/dd/yyyy) ____/___/_____ Age: ____ Male: ___ Female: _____
Is this visit for your annual exam? _____ Yes, ____ No. Please describe the principle health problems for which you came to this office: _____.
List any other doctors seen for these problems: _____.
List diagnosis and type(s) of treatment: _____.
Have you lost any days of work? ____ No. ____Yes, if Yes, dates: _____.
Have you had similar accidents or injuries before? _____No. ____Yes, if Yes, explain: _____.
_____.
List names of any relatives that have had similar problems: _____.
Have you or any relatives received Chiropractic treatment previously? ____No,__ Yes, if Yes, please explain: _____
_____.
Have you been treated for any health conditions by a physician in the last year? ____ No, _____Yes, if yes please explain _____.
List the approximate dates of any operations or unusual diseases you have had: _____
_____.
What functions are you *unable* to perform or that induce pain upon performance? List in order of severity, ie. Walking, sitting, bending, lying etc.:

1. _____ 2. _____ 3. _____

Please mark the areas of your pain or concerns.



List the conditions you are most interested in getting corrected: Please list in order of importance:

1. _____
2. _____
3. _____
4. _____

Patient signature: _____

Date: **_____**

If your condition is due to an accident or **MOTOR VEHICLE ACCIDENT**, ***not work related***, please answer the following:
Date: ___/___/___ Time: _____AM or PM of your accident. Police report made? _____
Place or location of your accident? _____ Was there a witness present? ___ No, __Yes, if Yes, list name and address: _____.
Do you have an attorney that has advised you in this case? ___ No, ___Yes, if Yes, please list the attorney's name and address: _____

If your condition is a WORK **RELATED ACCIDENT,** please answer the following; have you notified your employer? __ No _____ Yes, if Yes, who or what department? _____
Date injured: _____ Time of injury: _____AM or PM: Date last worked _____.