PATIENT CASE HISTORY

Today's date:						PCP:					
	PAT	ION									
Patient's last name:	indusc. Livil.				□ Miss □ Ms.	Marital status (circle one) Single / Mar / Div / Wid					
ls this your legal name? □ Yes □ No	If not, what is	our legal name?	Soc	cial Security	no.:	Age:	Sex::	Birthdate::			
Street address:			Part and A II blogger on a supple	Cell phon	e no:		Home phone no.:				
City:	State:	Zip Code:		May we co Email add	ontact you lress:	by email?					
Occupation:	Employer	THE SECTION AND ADDRESS OF THE SECTION ASSESSMENT ASSES		Aurona de la companya	Work phone no.:						
Referred by: (name)		1. dec el 1911 y 1 agrico (18 18 18 18 18 18 18 18 18 18 18 18 18 1	I	Dr.	## 11 Marin #			+ In the second seco			
What is your major com	plaint?	Andrew Combined to the Committee of the State of the State of Andrew Committee of the State of Andrew Committee	The Market of Commission Commissi		MANAGO V CLASSA PROSES QUINAS	Affect of the American State of the State of	lan n tarat mata statuta da debesta V. A escabon, ana				
Other complaints:	angle-annual metaletic - annual metaletic -		**************************************	er e							
How long have you had	this condition?_		_ Is this	s condition (getting wo	rse? □ Yes	□ No □ Cor	nstant 🚨 intermittent			
Is this condition interferi	ng with your: 🛚	Work 🛚 Sleep	□ Da	ily routine	□ Other	(please desc	ribe)				
List surgical operations:			nd mamman e e e e e e e e e e e e e e e e e e e	The state of the s	mmumuuvi. u			NAME OF THE PROPERTY OF THE PR			
List any prescribed med	ications you are	currently taking:			Се бурбаубо в се сопости възмения малена	and you report you make the back of an electric report					
List any nonprescription	medications you	are currently takin	ng:				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE	<u> </u>			
Do you have any medica	al conditions we s	should be aware of	f?	's and have recommended and constrained and a second	era de ego, bajaren, desa español	and have been a second and a second and	***************************************				
Is your condition related	to: 🗆 Work	☐ Auto ☐ Othe	r (plea	se describe)	Port Hall Shill Add Add any and a silven seem seem gare, in the seem seems	der film film film film film film men og syn syn syn syn syn syn syn signation film film film film film film f				
The first old (first has a see a second at the second at t	and and designated a second compact	INSUR	ANCE	INFORMA	TION						
		(Please give your	insurar	nce card to	the recept	tionist.)		3300 B. 2001 S. 1808 B. 201 S. 1808			
Name of primary insuran	ce:	Subscriber's n	Subscriber's name:			Subscrib	pers ID	Birth date:			
Patient's relationship to sul	oscriber: 🔲 S	elf 🔲 Spous	se C	Child	□ Other						
Name of secondary insurar	Subscriber's na	Subscriber's name:			Subscrib	ers ID	Birth date:				
Patient's relationship to sut	oscriber: 🗆 S	Self □ Spous	se C	Child	□ Other						
Have you been treated by a	a physical/occupa	tional therapist thi	is year'	? 🗆 No 🗆	Yes (last	seen & numb	er of visits)				
Have you been treated by a	a chiropractor this	year? 🗆 No 🛭	⊒ Yes	(last seen &	number of	visits)					
		IN CAS	SE OF	EMERGE	NCY						
Name of local friend or rela	tive (not living at	same address):	R	elationship	to patient	: Home p	hone no.:	Cell/Work phone no.:			
	The	e above informatio	n is tru	e to the bes	st of my kr	nowledge.					
Patient/Guardian signa	ture	11 (1877) 11 (1878) 11 (1874) 11 (1874) 12 (1874) 13 (1874) 13 (1874) 13 (1874) 13 (1874) 13 (1874)	/// II/P/B/BIM/M/M/	da. M. Ballada, hal a halla la hall d'Affrejo djagong d'engangaren nga pen		Date	M S and S AM S AM S WORK IN IN MAN I AM I AM I AM I AM I AM I AM	######################################			

Please check all present symptoms

	_	MTD.	-BACK:	WO	MEN ONLY:
HEA				ä	Menstrual painwhen
	Headache		Location	<u> </u>	Cramping
	Sinus (allergy)		Pain between shoulders		
	☐ Entire head		Sharp stabbing		Irregularity
	☐ Back of head		Dull ache		Cycledays
	☐ Forehead		Pain from front to back		Birth control
	☐ Temples		Muscle spasms		Hysterectomy
			Pain in kidney area		Genital cancer
_	☐ Migraine		Tall it Mario, 2.02		Discharge
Q	Head feels heavy			_	Menopause
	Loss of memory	CHE	CT.	ā	Tumors
	Light headed	CHE		ä	Abortions
Q	Fainting	_	Shortness of breath		
	Light bothers eyes		Pain around ribs		Are you or do you think you are
Q	Blurred vision		Breast pain		pregnant?
ū	Double vision	Q	Dimpled or orange peel breast		
ā	Loss of vision		Irregular heartbeat	MEI	N ONLY:
ā	Loss of taste		-		Urinary frequency
	Loss of balance				Difficulty in starting
Ö		ARD	OMEN:		Night urinating
ā	Dizziness		Nervous stomach	ā	Prostate pain/swelling
	Loss of hearing		Foods can't eat	_	1103tate panystroning
	Pain in ear				
	Ringing in ears		Nausea	~==	Abrillo & C
	Buzzing in ears		Gas		NERAL:
	-		Constipation		Nervousness
			Diarrhea		Irritability
NE	~v.		Hemorrhoids		Depression
					Fatigue
a	Pain in neck				Generality feel rundown
	Neck pain with movement	1.014	/ BACK:	ā	Normal sleep hrs. P/night
	☐ Forward			<u> </u>	Loss of sleephrs. P/night
	□ Backward		Upper lumbar		
	☐ Turn to left		Lower	ä	Loss of weightlbs.
	 Turn to right 		Sacroiliac		Gain weightlbs.
	☐ Bend to right	ф.	Low back pain in worse when		Coffeecups p/day
	☐ Bend to left		Worked		Teacups p/day
_	*** ** **		Lifting		Cigarettes packs p/day
	Pinched nerve in neck	ā	Stooping		Other
a	Neck feels out of place	ā	Standing	ū	Diabetes
Q	Muscle spasm in neck			ō	Hypoglycemia
	Grinding sound in neck	ā	bending	_	пуродіусенна
	Popping sound in neck		Coughing		
	Arthritis in neck		Lying down (sleeping)		
_			Walking	RE	MARKS:
			Pain relievers when		
cu	OULDERS:		Slipped disk		
		Q	Low back feels out of place		
0	Pain in shoulders (R or L)		Muscle spasms		
_	Pain across shoulders	ā	Arthritis		
	Bursitis (R or L)	_	7 GRIGO		
	Arthritis (R or L)				
	Can't raise arm ((R or L)	1170	C LECC O CEET.		
	Above shoulder level		S, LEGS & FEET:		
	 Over head 	ā	Pain in buttocks (R or L)		
	tension in shoulders		Pain in Hip joint (R or L)		•
ā	Pinched nerve in shoulders		Pain down leg(R or L)		
ō	Muscle spasms in shoulders (R or L)		Pain in both legs		
_	Pragate spasms in shoulders (it or 2)		Knee pain(R or L)		
	MO O LIANDO.		Inside		
	MS & HANDS:	ū	Outside	,	
	Pain in upper arm	ā	Leg cramps (R or L)		
	Pain in elbow	Ö	Cramps in feet (R or L)		
	Movement aggravated		Pins & needles in legs (R or L)		
	Tennis elbow	0			
· 🖸	Pain in forearm		Numbness in legs (R or L)		
	Pain in hands		Numbness in Feet	-	
	Pain in fingers		Numbness in Toes		
ā	Sensation of pins & needles in arms		Feet feel cold		
ū	In fingers		Swollen ankles (R or L)		
	Numbness in arms (R or L)		Swollen feet (R or L)		
Ö			·		
	In fingers (R or L)				
	Fingers go to sleep (R or L)				•
	Hands cold				
ā	Swollen joints in fingers				
	Arthritis in fingers				
	Loss of grip strength				