

Birth: Normal C-section Ventouse cup Forceps delivery

Date: _____

American Chiropractic Center

Intake Form

Name: _____ Date of birth: _____ male female

What is your main problem/ symptom? _____

Since when do you have it? _____ The symptom is constant comes and goes

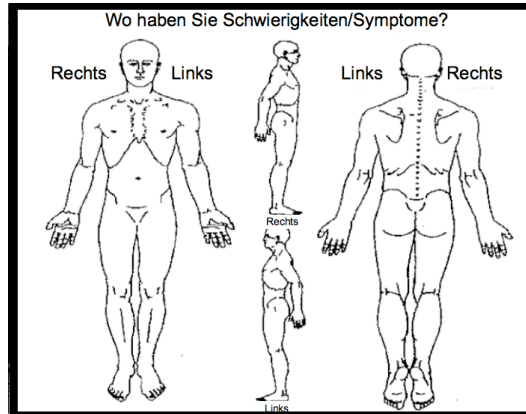
Rate the severity of your problem: none 0 | 2 3 4 5 6 7 8 9 10 unbearable

Problem 2 _____

Rate the severity of your problem: none 0 | 2 3 4 5 6 7 8 9 10 unbearable

Problem 3 _____

Rate the severity of your problem: none 0 | 2 3 4 5 6 7 8 9 10 unbearable



GENERAL

Heart attack? yes no

Stroke? yes no

High blood pressure? yes no

Chronic conditions: _____

Operations, z.B. knee (left/right), hernia inguinalis (left/right), uterus, prostate

other: _____

Hernia: no yes, which level? _____

Medication: _____

Accidents/Falls, z.B. car/ motorcycle accident, bike accident, riding accident, sports accident, stairs

other: _____

Broken bones or fractures: _____

Smoking: _____ packs per day alcohol: _____ Coffee: _____ cups per day

High level of stress? Why? _____ Water: _____ l/day

Exercise/ Sports? no yes, which sports? _____

Do you have any other information or concerns you would like to share?

Profession: _____ Number of children and age: _____

How did you come across our practice?

Family/Friends: _____ Internet: _____ Other: _____

Address: _____

Telephone Number: _____

Additional telephone number: _____

Email: _____

Insurance company: _____