	Patient Name States JONES		Mark the	Mark the conditions that apply to you.		
ast	Pres		Past	Pres		
		Headaches	0		Urinary Problems	
	X	Migraines Shortness of Breath	0	0	Easy Bruising	
	0	Allergies / Asthma			Tobacco Use	
	0	Medication Side Effects	0	0	Dental Problems	
	0	Diabetes	0	0	Fibromyalgia	
	0	Hands or Feet cold	0	0	Blood Thinner use	
	0	Muscle aches	0	0	HIV Positive	
	0	Trouble Walking	0	0	Cancer	
	0	Leg / Foot Numbness	0	0	Depression	
	0	Fainting		0	Alcohol Use	
	0	Gall Bladder Trouble		0	High orLow Blood Pressure	
	0		0	0	Stroke History	
	0	Ringing in Ears Ear Problems	0	0	High Cholesterol	
	200		0	0	TMJ	
	0	Sleeping Problems	0	0	Digestive Problems	
	0	Vision Problems	0	0	Pain all Over	
	0	Thyroid Problems	9	0	Tension / Irritability	
	0	Liver Disease	0	0	Chest Pains	
	0	Kidney Problems	0		Heart Pacemaker	
	0 0	Light Bothers Eyes Other		0	Heart Problems	
is		medications you are taking: NA				
Ple Has	t any	st all doctors you are currently seeing:  Doctor or other professional advised you to	o *Go to a Chiropractor *	*	Name_	
Ple Has	ase list any l	st all doctors you are currently seeing:	Go to a Chiropractor		Was any care received?	

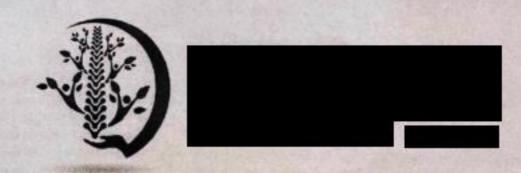
## **FAMILY HISTORY**

Father's side: D Heart Disease	c Cancer	□ Diabetes	□ Heavy Medication use	a Arthritis	o Other_	
Mother's side: a Heart Disease	□ Cancer	□ Diabetes	□ Heavy Medication use	□ Arthritis	D Other	
Is there any other family history you want us to know?						

## **Functional Reading Index**

In order to properly assess your condition, we must understand how much your current spinal condition has affected your ability to manage everyday activities. Please circle the number which most closely describes your condition right now,

Pain Inter	(L)	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible
Sleeping				
0	1	2	3	4
Porfect Sleep	Mildly disturbed	Moderately disturbed		Totally disturbed
Personal	Care (washing,	lressing, etc.)		
0)	1	2	3	4
No pain:	Mild pain;	Moderate pain:	Moderate pain;	Severe pain;
No restriction		Need to go slowly	Need some assistance	
Travel (dr	iving, etc.)			
0		2	3	
No pain on	Mild pain	Moderate pain	Moderate pain	0
long trips	on long trips	on long trips	on short trips	Severe pain on short trips
		are third make	out amore crips	on short trips
Work				
0	9/	9		
Can do usual	Can do usual	Can do 50 %	3	4
work and more		of usual work	Can do 25%	Cannot work
work and more	work, no extra	of usual work	of usual work	
Recreation	100000000			
	100000000000000000000000000000000000000			
0	The state of the s	2	3	4
Can do all	Can do	Can do some	Can do a	Cannot do any
uctivities	most activities	activities	few activites	activities
Frequency				
2	or part			
0	(1)	2	3	4
No pain	Occasional pain	Intermittent pain	Frequent pain	Constant pain
	25% of the day	50 % of the day	75% of the day	100% of the day
T tellar				
Lifting	^			
0	(1)	2	3	4
No pain	Incheased pain	Increased pain	Increased pain	Increased pain
	with heavy weight	with moderate weight	with light weight	with any weight
				with any weight
Valking				
		9	ALL SHAPE OF THE PARTY OF THE P	
o pain; In	creased pain after	*	3	4
ny distance	1 mile	Increased pain after	Increased pain after	Increased pain
The state of the s	1 mile	% mile	¼ mile	with all walking
tonding.				
tanding	^			
	(1)	2	3	4
pain after Ir	creased pain after	Increased pain after 1	Increased pain after	Increased pain
veral hours	several hours	I hour	The State of the S	with any standing
Ol.	do To			wern any acanoing
ame W	WILLY 10/15	The second second	DOB: 17 /	11 , 1000
	A D-M		DOP: 10 1	TO MI
Samuel and a	NIA. N	0.44	- 1	10
		100	THE RESERVE AND PARTY AND ADDRESS OF THE PARTY	1 10 1 10 10 1
gnatur	e //www		Date:	10/10/5
gnatur otal:	e place of	44)	Date:_/	18/1013



For our new patients at it is important for us to get a baseline examination and diagnostic work so that we can accurately find the cause of the problem. We generously provide these services for our new patients at a discounted rate because we value the members of our community and want each person who comes through our doors to receive the best care possible.

Your appointment today may include the following:

- o Thermo-Scan
- Muscle Activity Test
- O X-Rays (Cervical & Lumbar)
- o New Patient Exam

A \$400 total v	alue for ONLY \$29.
chiropractic adjustment. This is NOT in	you will have the opportunity to get a cluded in the initial consultation cost and is stment depends on your account type
I understand that the charge for my ad new patient special. I also understand to day and will be responsible for the ch	justment today is <u>NOT</u> included in the \$49 that I will have the choice to get adjusted narge if I choose to do so.
Please check the appropriate box: Are	
	ou breastfeeding? Yes No
Print Name: Nolls Tous	

\_\_\_ Date: 7/18/23