

GENERAL

Chiropractic

Patient Name

Shalee Jones

Mark the conditions that apply to you.

Past Present

- ☒ ☒ Headaches
☒ ☒ Migraines
☐ ☐ Shortness of Breath
☐ ☐ Allergies / Asthma
☐ ☐ Medication Side Effects
☐ ☐ Diabetes
☐ ☐ Hands or Feet cold
☐ ☐ Muscle aches
☐ ☐ Trouble Walking
☐ ☐ Leg / Foot Numbness
☐ ☐ Fainting
☐ ☐ Gall Bladder Trouble
☐ ☐ Ringing in Ears
☐ ☐ Ear Problems
☐ ☐ Sleeping Problems
☐ ☐ Vision Problems
☐ ☐ Thyroid Problems
☐ ☐ Liver Disease
☐ ☐ Kidney Problems
☐ ☐ Light Bothers Eyes
☐ ☐ Other _____

Past Present

- ☐ ☐ Urinary Problems
☐ ☐ Easy Bruising
☐ ☐ Tobacco Use
☐ ☐ Dental Problems
☐ ☐ Fibromyalgia
☐ ☐ Blood Thinner use
☐ ☐ HIV Positive
☐ ☐ Cancer
☐ ☐ Depression
☐ ☐ Alcohol Use
☐ ☐ ___High or ___Low Blood Pressure
☐ ☐ Stroke History
☐ ☐ High Cholesterol
☐ ☐ TMJ
☐ ☐ Digestive Problems
☐ ☐ Pain all Over
☐ ☐ Tension / Irritability
☐ ☐ Chest Pains
☐ ☐ Heart Pacemaker
☐ ☐ Heart Problems

1. List any medications you are taking: N/A

2. Please list all doctors you are currently seeing: _____

3. Has any Doctor or other professional advised you to "Go to a Chiropractor": _____ Name _____

PAST HISTORY

4. List any past auto collisions: N/A

Was any care received? _____

5. List any past work injuries: N/A

Was any care received? _____

6. List any past sport, recreational, or home injuries: N/A

7. Please describe any past conditions and treatment received: N/A

8. Please list any past hospitalizations and surgeries: N/A

FAMILY HISTORY

Father's side: ☐ Heart Disease ☐ Cancer ☐ Diabetes ☐ Heavy Medication use ☐ Arthritis ☐ Other _____

Mother's side: ☐ Heart Disease ☐ Cancer ☐ Diabetes ☐ Heavy Medication use ☐ Arthritis ☐ 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 Intensity

0	1	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible

Sleeping

0	1	2	3	4
Perfect Sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

Personal Care (washing, dressing, etc.)

0	1	2	3	4
No pain; No restrictions	Mild pain; No restrictions	Moderate pain; Need to go slowly	Moderate pain; Need some assistance	Severe pain; Need 100% help

Travel (driving, etc.)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

Work

0	1	2	3	4
Can do usual work and more	Can do usual work, no extra	Can do 50 % of usual work	Can do 25 % of usual work	Cannot work

Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activities

Frequency of pain

0	1	2	3	4
No pain	Occasional pain 25% of the day	Intermittent pain 50 % of the day	Frequent pain 75% of the day	Constant pain 100% of the day

Lifting

0	1	2	3	4
No pain	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Walking

0	1	2	3	4
No pain; Any distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking

Standing

0	1	2	3	4
No pain after Several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any standing

Name Shadee Jones

DOB: 12 / 12 / 1997

Signature Julie Jones

Date: 7 / 10 / 2023

Total: 7



For our new patients at [REDACTED] 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:

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

A \$400 total value for ONLY \$29.

After your consultation with [REDACTED] you will have the opportunity to get a chiropractic adjustment. This is **NOT** included in the initial consultation cost and is an additional fee. The cost of this adjustment depends on your account type (Insurance, [REDACTED] Cash, etc.)

I understand that the charge for my adjustment today is **NOT** included in the \$49 new patient special. I also understand that I will have the choice to get adjusted today and will be responsible for the charge if I choose to do so.

Please check the appropriate box: Are you pregnant? ☐ Yes ☒ No

Are you breastfeeding? ☐ Yes ☒ No

Print Name : Shakea Jones
Initials : ST Date: 7/18/23