Gentle Hands Chiropractic

PATIENT CASE HISTORY

We are glad that you are here today. If you have any questions concerning our policies, forms, or procedures, just ask. It is our pleasure to help you. We want your visit with us to be comfortable, helpful, and educational.

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	AGE	SEX

CHIEF COMPLAINT

What is the reason for your visit?

When did your chief complaint begin?

Are you here because you were injured at work, in a motor vehicle collision, or in another accident? ○ Yes ○ No

Mark the severity of your chief complaint as it is **right now.**

○ 1. No Symptoms	○ 2. Slight Discomfort	○ 3. Does Not Affect Activity	○ 4. Affects Personal Activities	○ 5. Prevents Personal Activities	○ 6. Limits My Work Schedule	○ 7. Prevents All Working Activity	○ 8. Prevents All Activity	○ 9. Keeps Me Bedridden	○ 10. Causes Thoughts of Suicide

Mark the severity of your chief complaint as it is on **average.**

○ 1. No Symptoms	○ 2. Slight Discomfort	○ 3. Does Not Affect Activity	○ 4. Affects Personal Activities	○ 5. Prevents Personal Activities	○ 6. Limits My Work Schedule	○ 7. Prevents All Working Activity	○ 8. Prevents All Activity	○ 9. Keeps Me Bedridden	○ 10. Causes Thoughts of Suicide

Mark the severity of your chief complaint as it is **at its best.**

○ 1. No Symptoms	○ 2. Slight Discomfort	○ 3. Does Not Affect Activity	○ 4. Affects Personal Activities	○ 5. Prevents Personal Activities	○ 6. Limits My Work Schedule	○ 7. Prevents All Working Activity	○ 8. Prevents All Activity	○ 9. Keeps Me Bedridden	○ 10. Causes Thoughts of Suicide

Mark the severity of your chief complaint as it is **at its worst.**

○ 1. No Symptoms	○ 2. Slight Discomfort	○ 3. Does Not Affect Activity	○ 4. Affects Personal Activities	○ 5. Prevents Personal Activities	○ 6. Limits My Work Schedule	○ 7. Prevents All Working Activity	○ 8. Prevents All Activity	○ 9. Keeps Me Bedridden	○ 10. Causes Thoughts of Suicide

Mark the areas of your chief complaint on the diagrams to the right. Include any descriptors or comments that you feel are important.

If your symptoms travel to other areas of your body, mark the diagrams to reflect how the symptoms seem to move.