FREEFORM CHIROPRACTIC

CLIENT INTAKE FORM

PERSONAL INFORMATION

Name :

Phone Number : Date Of Birth : M M D D Y Y

E-mail :

Address :

City / Country : State : Zipcode : Gender: M / F

Last 4 of Social : Status: Single / Married Spouse Name:

Occupation : Employer Name :

Have you see a Chiropractor before? : Yes No If yes, when? :

Whom may we thank for referring you to our office? :

Please provide the name of your Primary Care Physician :

HEALTH HISTORY

Please check all symptoms you have ever had, even if they do not seem related to your current problem.

- Headaches
- Mood Swings
- Dizziness
- Fatigue
- Cold sweats
- Tension
- Numbness in Fingers
- Loss of Smell
- Buzzing in ears
- Depression
- Neck Stiff
- Constipation
- Light bothers eyes
- Cold Feet
- Menstrual Pain
- Fainting
- Back Pain
- Ringing in ears
- Loss of taste
- Irritability
- Hot Flashes
- Cold Hands
- Fever
- Neck Pain
- Loss of Balance
- Nervousness
- Upset Stomach
- Heartburn
- Sleeping Problems
- Numbness in Fingers
- Numbness in Toes
- Irregular Menstrual
- Pins and Needles
- Problem Urinating
- Ulcers

List any Medication you are taking: _____

This office conforms to the current HIPAA guidelines. You may request a copy of our HIPAA policy at our front desk.
Pleases initial to indicate you have been made aware of its availability: Initial _____

The statement made on this form are accurate to the best of my recollection and I agree to allow this office to examine me for further evaluation.

Patient / Guardian Signature: _____ Date:_____

THANK YOU FOR YOUR INFORMATION

FREEFORM CHIROPRACTIC

NECK PAIN DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY LIFE ACTIVITIES. PLEASE MARK ONE STATEMENT THAT APPLIES TO YOU IN EACH SECTION. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT MOST CLOSELY DESCRIBES YOUR PRESENT DAY SITUATION.

SECTION 1 - PAIN INTENSITY

__I have no pain at the moment.
__The pain is very mild at the moment.
__The pain is moderate at the moment.
__The pain is fairly severe at the moment.
__The pain is very severe at the moment.
__The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

__I can look after myself normally without causing extra pain.
__I can look after myself normally, but it causes extra pain.
__It is painful to look after myself, and I am slow and careful.
__I need some help but manage most of my personal care.
__I need help every day in most aspects of self -care.
__I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3 – LIFTING

__I can lift heavy weights without causing extra pain.
__I can lift heavy weights, but it gives me extra pain.
__Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
__Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
__I can lift only very light weights.
__I cannot lift or carry anything at all.

SECTION 4 – WORK

__I can do as much work as I want.
__I can only do my usual work, but no more.
__I can do most of my usual work, but no more.
__I can't do my usual work.
__I can hardly do any work at all.
__I can't do any work at all.

SECTION 5 – HEADACHES

__I have no headaches at all.
__I have slight headaches that come infrequently.
__I have moderate headaches that come infrequently.
__I have moderate headaches that come frequently.
__I have severe headaches that come frequently.
__I have headaches almost all the time.

SECTION 6 – CONCENTRATION

__I can concentrate fully without difficulty.
__I can concentrate fully with slight difficulty.
__I have a fair degree of difficulty concentrating.
__I have a lot of difficulty concentrating.
__I have a great deal of difficulty concentrating.
__I can't concentrate at all.

SECTION 7 – SLEEPING

__I have no trouble sleeping.
__My sleep is slightly disturbed for less than 1 hour.
__My sleep is mildly disturbed for up to 1-2 hours.
__My sleep is moderately disturbed for up to 2-3 hours.
__My sleep is greatly disturbed for up to 3-5 hours.
__My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 – DRIVING

__I can drive my car without neck pain.
__I can drive as long as I want with slight neck pain.
__I can drive as long as I want with moderate neck pain.
__I can't drive as long as I want because of moderate neck pain.
__I can hardly drive at all because of severe neck pain.
__I can't drive my care at all because of neck pain.

SECTION 9 – READING

__I can read as much as I want with no neck pain.
__I can read as much as I want with slight neck pain.
__I can read as much as I want with moderate neck pain.
__I can't read as much as I want because of moderate neck pain.
__I can't read as much as I want because of severe neck pain.
__I can't read at all.

SECTION 10 – RECREATION

__I have no neck pain during all recreational activities.
__I have some neck pain with all recreational activities.
__I have some neck pain with a few recreational activities.
__I have neck pain with most recreational activities.
__I can hardly do recreational activities due to neck pain.
__I can't do any recreational activities due to neck pain.

PATIENT NAME _____ DATE _____

SCORE _____ [50] BENCHMARK = _____

FREEFORM CHIROPRACTIC

BACK PAIN DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY LIFE ACTIVITIES. PLEASE MARK ONE STATEMENT THAT APPLIES TO YOU IN EACH SECTION. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT MOST CLOSELY DESCRIBES YOUR PRESENT DAY SITUATION.

SECTION 1 - PAIN INTENSITY

__I have no pain at the moment.
__The pain is very mild at the moment.
__The pain is moderate at the moment.
__The pain is fairly severe at the moment.
__The pain is very severe at the moment.
__The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

__I can look after myself normally without causing extra pain.
__I can look after myself normally, but it causes extra pain.
__It is painful to look after myself, and I am slow and careful.
__I need some help but manage most of my personal care.
__I need help every day in most aspects of self -care.
__I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3 – LIFTING

__I can lift heavy weights without causing extra pain.
__I can lift heavy weights, but it gives me extra pain.
__Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
__Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
__I can lift only very light weights.
__I cannot lift or carry anything at all.

SECTION 4 – WALKING

__ I can walk without any pain
__ Pain prevents me from walking more than 1 mile
__ Pain prevents me from walking more than 1/2 mile
__ Pain prevents me from walking more than 100 yds
__I can hardly walk
__I can't walk at all

SECTION 5 – SITTING

__I can sit in my chair as long as I want
__I can only sit in my favorite chair as long as I like
__Pain prevents me from sitting more than 1 hr.
__Pain prevents me from sitting more than 30 min.
__Pain prevents me from sitting more than 10 min.
__Pain prevents me from sitting at all

SECTION 6 – STANDING

__I can stand as long as I want without extra pain
__I can stand as long as I want but it gives me extra pain
__Pain prevents me from standing more than 1 hr
__Pain prevents me from standing more than 30 min
__Pain prevents me from standing more than 10 min
__Pain prevents me from standing at all

SECTION 7 – SLEEPING

__I have no trouble sleeping.
__My sleep is slightly disturbed for less than 1 hour.
__My sleep is mildly disturbed for up to 1-2 hours.
__My sleep is moderately disturbed for up to 2-3 hours.
__My sleep is greatly disturbed for up to 3-5 hours.
__My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 – DRIVING

__I can drive my car without back pain.
__I can drive as long as I want with slight back pain.
__I can drive as long as I want with moderate back pain.
__I can't drive as long as I want because of moderate back pain.
__I can hardly drive at all because of severe back pain.
__I can't drive my care at all because of back pain.

SECTION 9 – READING

__I can read as much as I want with no back pain.
__I can read as much as I want with slight back pain.
__I can read as much as I want with moderate back pain.
__I can't read as much as I want because of moderate back pain.
__I can't read as much as I want because of severe back pain.
__I can't read at all.

SECTION 10 – RECREATION

__I have no back pain during all recreational activities.
__I have some back pain with all recreational activities.
__I have some back pain with a few recreational activities.
__I have back pain with most recreational activities.
__I can hardly do recreational activities due to back pain.
__I can't do any recreational activities due to back pain.

PATIENT NAME _____ DATE _____

SCORE _____ [50] BENCHMARK = _____