

Woodbury Chiropractic Center

Patient Information



Thank you for choosing our office!

Please provide the following information. All information will be kept confidential.

Date: ____/____/____

Male / Female

Patient Name: _____ Birthdate: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____@_____

Person to contact in case of an emergency? _____

Phone Number: _____

-Have you ever had Chiropractic Care before? Yes No
If yes, when? _____

-How long have you had your injuries? _____

-Is this injury work relate? Yes No If yes, date of accident: _____

-Have you reported this injury to your employer? Yes No

-Is this injury or illness related to an automobile accident? Yes No
If yes, date of accident: _____

Whom may we thank for referring you and/or how did you hear about us?

X _____
Signature of patient, parent, or guardian (minor)

Date

WOODBURY CHIROPRACTIC CENTER



PATIENT SYMPTOMS

HEAD:

- Headache
 - entire head
 - back of head
 - forehead
 - temples
 - migraine
- Head feels heavy
- Loss of memory
- Light-headedness
- Fainting
- Lights bother eyes
- Loss of smell
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing in ears
- Buzzing in ears

NECK:

- Pain in neck
- Neck pain with movement
- Pinched nerve in neck
- Neck feels out of place
- Stiff neck
- Muscle spasms in neck
- Grinding sounds in neck
- Grating sounds in neck
- Popping sounds in neck
- Arthritis in neck

SHOULDERS:

- Pain in shoulder joint (R-L)
- Pain across shoulders
- Bursitis (R-L)
- Arthritis (R-L)
- Can't raise arm
 - above shoulder level
 - over head
- Tension in shoulders
- Pinched nerve in shoulder (R-L)
- Muscle spasms in shoulder

ARMS & HANDS:

- Pain in upper arm
- Pain in forearm
- Pain in hands
- Pain in fingers
- Pinched nerve in arm
- Pinched nerve in fingers
- Sensation of pins & needles in arms
- Sensation of pins & needles in fingers
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Sore joints in fingers
- Arthritis in fingers
- Loss of grip strength

MID-BACK:

- Mid-back pain
- Pain between shoulder blades
- Sharp stabbing pain in mid-back
- Muscle spasms

CHEST:

- Chest pain
- Shortness of breath
- Pain around ribs

ABDOMEN:

- Nervous stomach
- Nausea
- Gas
- Constipation
- Diarrhea

WOMEN ONLY:

- Menstrual pain
- Cramping
- Irregularity

LOW BACK:

- Low back pain
- Low back pain is worse when:
 - working
 - lifting
 - stooping
 - standing
 - sitting
 - bending
 - coughing
- Pinched nerve in low back
- Slipped disc
- Low back feels out of place
- Muscle spasms
- Arthritis

HIPS, LEGS & FEET:

- Pain in buttocks (R-L)
- Pain in hip joint (R-L)
- Pain down leg (R-L)
- Pain down both legs
- Leg cramps
- Pins & needles in legs (R-L)
- Numbness of leg (R-L)
- Numbness of feet (R-L)
- Numbness of toes
- Feet feel cold
- Cramps in feet (R-L)
- Swollen ankles (R-L)
- Swollen feet (R-L)
- Painful joints in toes

GENERAL:

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run-down
- Loss of sleep
- Loss of weight

WOODBURY CHIROPRACTIC CENTER



Guy D. Pistilli, D.C.

Pain relief and rehabilitation specialist

Pain Drawing and Visual Analogue Scale

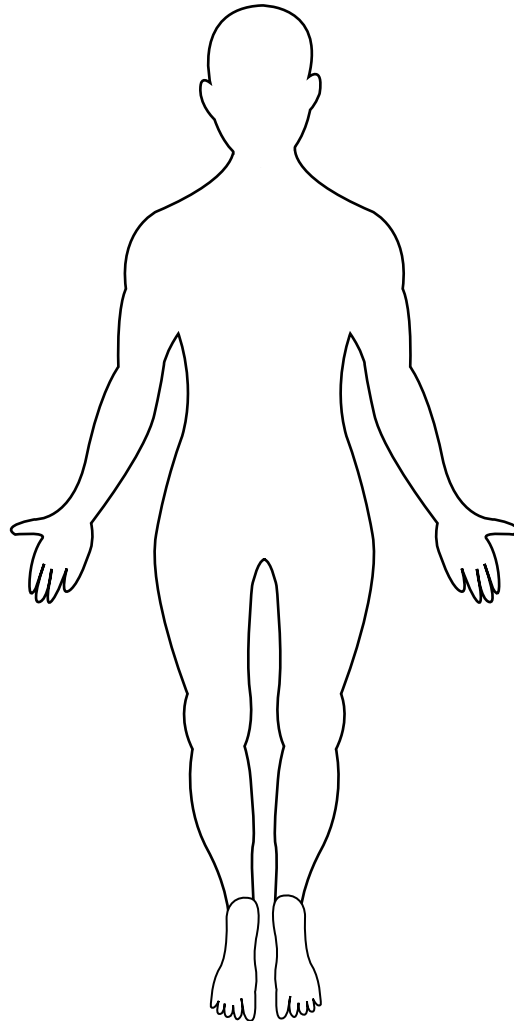
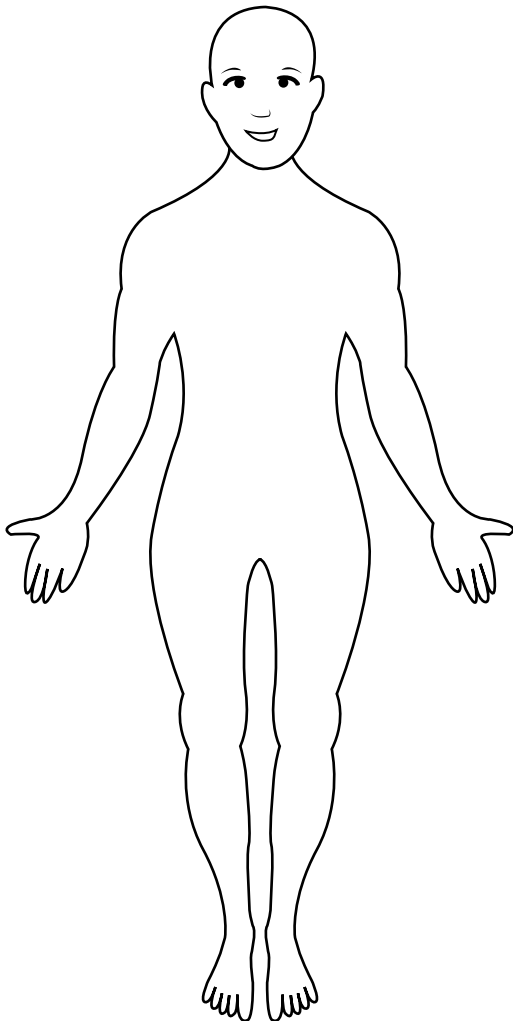
Name: _____ Date: _____

Using the following symbols, mark the area on your body where you feel the described pain.

Burning/Stabbing - XXXXXX

Aching - ((((((

Pins & Needles - 000000



Please mark on the line the pain level that most accurately represents your pain:

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 UNBEARABLE PAIN

Right Now: _____

Average Pain: _____

At Worst: _____