

**Zygmont Family Chiropractic
CASE HISTORY**

NAME _____ Sex M F DATE _____

Have you ever received Chiropractic care? Yes No If yes, when? _____

1. Primary reason for seeking Chiropractic care: _____

2. Chief Complaint: _____

Location of complaint: _____

How and when complaint began: _____

Please circle the quality of complaint/pain:

DULL ACHING SHARP SHOOTING BURNING DEEP NAGGING THROBBING OTHER _____

Does this complaint/pain radiate or travel to any areas of your body? Where? _____

Do you have any numbness or tingling in your body? Where? _____

Grade intensity/severity of complaint/pain (0 being no complaint/pain; 10 being worst possible complaint/pain):

0 1 2 3 4 5 6 7 8 9 10

How frequent is complaint/pain present; how long does it last? _____

Does anything aggravate the complaint/pain? _____

Does anything make the complaint/pain better? _____

3. Previous treatments, interventions, medications, surgery or care you've sought for the complaint/pain:

4. Health History:

Previous illnesses you've had in your life: _____

Previous injury or trauma: _____

Have you ever broken any bones? Which? _____

On a scale of 1 – 5, (1 being poor; 5 being excellent) how would you rate your **digestive health**:

POOR 1 2 3 4 5 EXCELLENT

Medications:

Name of medication

Reason for taking

Surgeries:

Date

Type of surgery

FEMALES: Pregnancies and outcomes:

Pregnancies/Date of delivery

5. Family Health History:

Associated health issues/problems of relatives: _____

6. Social and Occupational History:

Job description: _____

Work schedule: _____

Recreational activities: _____

Lifestyle (hobbies, alcohol, tobacco and drug use, diet): _____

Level of exercise (how frequent and what kind) _____

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize Zygmont Family Chiropractic to provide me with Chiropractic care, in accordance with the statutes of the state of Texas.

PATIENT / Guardian Signature _____ **Date** _____

Greg Zygmont, D.C. _____ **Date** _____