

Please print and fill out before first visit



Dr Jason Guben, Chiroprator, RN, DC



First Name _____ Last Name _____

Age _____ Sex m f

Address _____ Apt _____ City _____

Postal Code _____ Tel (res) _____

Tel (office) _____ ext _____ Tel (cell) _____

Date of Birth (mm/dd/yy) _____ Occupation _____

Email _____

Civil Status _____ Spouse's name _____

Who recommended you to our office? Friend Outside Sign Spouse
Other Name _____

Have you ever seen a chiropractor? Yes No
Who _____
When _____

Do you have insurance that covers chiropractic care? Yes No

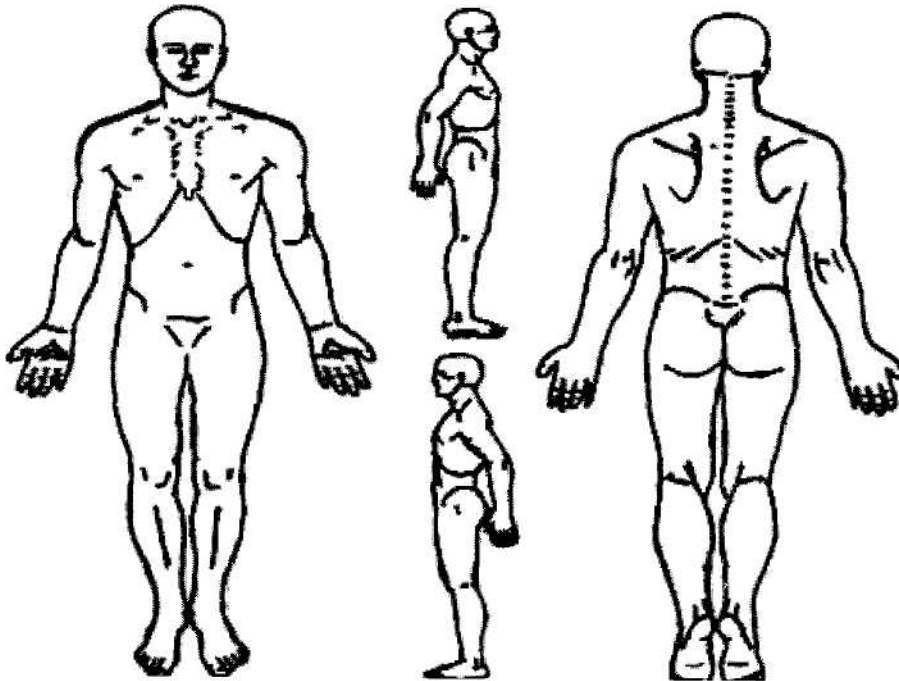
Family Doctor _____
Doctor's address _____

Date of Last Physical Examination (mm/dd/yy) _____

Please indicate on the drawing, the exact location of your problems.

Numbness ••••
 Pins + Needles * * * *
 Stabbing-Sharp ///

Burning xxxx
 Stiff + Tight 2222
 Aching +++



What is the reason for your consultation? Please list your health problems in order of importance

1. Check the box that indicates the severity of your main problem.

USUAL LEVEL OF PAIN

No Pain Extreme pain

1 2 3 4 5 6 7 8 9 10

PRESENT LEVEL OF PAIN

No Pain Extreme pain

1 2 3 4 5 6 7 8 9 10

2. Are you currently taking any medication on a regular basis? Yes No

If Yes, What: (Coumadine, Heparin, Plavix, Aspirin, Antihypertensive etc).

3. Have you ever had any of the following conditions:

- Aneurysm Osteoporosis Diabetes
Cancer Migraines Headaches
Fatigue Asthma Arthritis
Psoriasis Dizziness Weight Loss
Hypertension Stroke
Epilepsy Nervous System Disorder
Gout Respiratory Problems
Insomnia Heart Conditions
Depression Rheumatoid Arthritis
Convulsions Sinus Problems
Tingling Loss of Consciousness

4. Have you ever had any fractures? Yes No

5. Have you ever been in a car accident?

Yes No _____

6. Have you ever been hospitalised? Yes No

7. Do you smoke? Yes No

8. Have you smoked in the past? Yes No

9. When _____

9. Do you have any allergies? Yes No If yes, to what _____

10. Have you ever been on birth control pills?
Currently / Previously / Never

11 # Of Pregnancies _____ **# Of Children** _____