

Evans Chiropractic Health Center

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Confidential Patient Information

The following information is needed in order to better serve you. If you need help, please ask the receptionist. PLEASE PRINT and COMPLETE ALL QUESTIONS.

Today's Date _____

Name _____ Home Phone # _____
LAST FIRST M.I.

Mailing Address _____ Cell Phone # _____

City _____ State _____ Zip _____ S.S.# _____

Street Address _____

E-mail Address _____ DL# _____ State Issued _____

Age _____ Birth Date _____ Marital Status: S M D W # of Children _____

Primary Care Physician _____ Referring Physician _____

Employer _____ Occupation _____

Employer's Address _____ Years on Job _____

City _____ State _____ Zip _____ Phone # _____

Preferred method of contact: Email Text (If text, please provide your service provider info): _____

Health Insurance Company _____

Spouse/Parent/Guardian _____

Phone # _____

Birth Date _____

Employer _____

Occupation _____

Are you covered by **their** Insurance? _____

Secondary Health Insurance Company _____

Major Complaint _____

List any Activities of Daily Living that are difficult or that you are unable to complete due to current problems: _____

Rate your pain on a scale of 0 – 10 (0 = no pain, 10 = intense pain) _____

How and when did it start? (most recent flare-up) _____

What gives it relief? _____

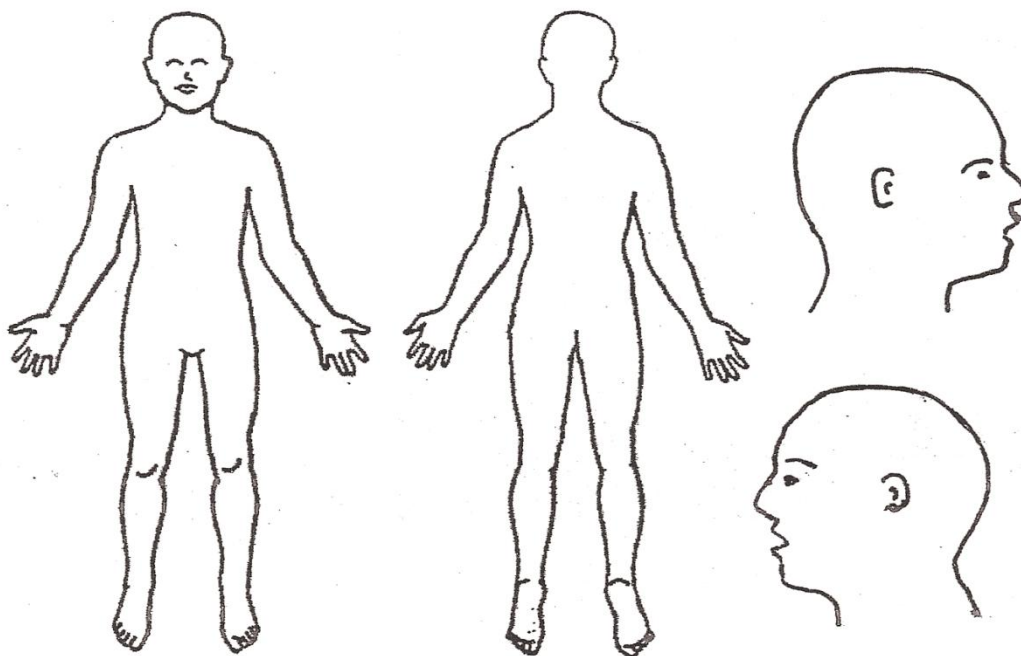
What conditions make it worse? _____

List any Medications you are taking: _____

Is your visit due to an accident? Yes / No
Has the accident been report? Yes / No If, yes - To Whom? _____

Date of Accident _____ Work? _____ Auto? _____ Other? _____

MARK ALL AREAS OF PAIN OR DISCOMFORT



Place a CHECKMARK (✓) before any condition that bothers you NOW or in the past.

SYMPTOMS

HOW LONG

Head

Headache: _____ Now _____ Past

- Entire head _____ Now _____ Past
- Back of head _____ Now _____ Past
- Forehead _____ Now _____ Past
- Temples _____ Now _____ Past

Migraine _____ Now _____ Past

Head feels heavy _____ Now _____ Past

Loss of memory _____ Now _____ Past

Light headedness _____ Now _____ Past

Fainting _____ Now _____ Past

Pain in eyes _____ Now _____ Past

Light bothers eyes _____ Now _____ Past

Loss of smell _____ Now _____ Past

Loss of taste _____ Now _____ Past

Loss of balance _____ Now _____ Past

Dizziness _____ Now _____ Past

Loss of hearing _____ Now _____ Past

Pain in ears _____ Now _____ Past

ringing in ears _____ Now _____ Past

Buzzing in ears _____ Now _____ Past

Seizures _____ Now _____ Past

Neck

Pain in neck _____ Now _____ Past

Neck pain w/ motion _____ Now _____ Past

Neck feels out of place _____ Now _____ Past

Stiff neck _____ Now _____ Past

Muscle spasms in neck _____ Now _____ Past

Grinding spasms in neck _____ Now _____ Past

Grating sounds in neck _____ Now _____ Past

Popping sounds in neck _____ Now _____ Past

Arthritis in neck _____ Now _____ Past

Pinched nerve in neck _____ Now _____ Past

Shoulders

Pain in:

- Right shoulder _____ Now _____ Past
- Left shoulder _____ Now _____ Past

Pain across shoulders _____ Now _____ Past

Tension in shoulders _____ Now _____ Past

Bursitis in

- Right shoulder _____ Now _____ Past
- Left shoulder _____ Now _____ Past
- Both shoulders _____ Now _____ Past

Arthritis in

- Right shoulder _____ Now _____ Past
- Left shoulder _____ Now _____ Past
- Both shoulders _____ Now _____ Past

Can't raise arm

- Above shoulder _____ Now _____ Past
- Over head _____ Now _____ Past

SYMPTOMS

HOW LONG

Shoulders Con't

Pinched nerves in:

- Right shoulder _____ Now _____ Past
- Left shoulder _____ Now _____ Past
- Both shoulders _____ Now _____ Past

Muscle spasms/shoulders _____ Now _____ Past

Arms & Hands

Pain in:

- Right upper arm _____ Now _____ Past
- Left upper arm _____ Now _____ Past
- Both upper arms _____ Now _____ Past
- Right forearm _____ Now _____ Past
- Left forearm _____ Now _____ Past
- Both forearms _____ Now _____ Past
- Right Elbow _____ Now _____ Past
- Left Elbow _____ Now _____ Past
- Both Elbows _____ Now _____ Past
- Right wrist _____ Now _____ Past
- Left wrist _____ Now _____ Past
- Both wrists _____ Now _____ Past
- Right hand _____ Now _____ Past
- Left hand _____ Now _____ Past
- Both hands _____ Now _____ Past
- Right fingers _____ Now _____ Past
- Left fingers _____ Now _____ Past
- Right & left fingers _____ Now _____ Past

Sensation of pins & needles in:

- Right arm _____ Now _____ Past
- Left arm _____ Now _____ Past
- Both arms _____ Now _____ Past
- Right fingers _____ Now _____ Past
- Left fingers _____ Now _____ Past
- Left & right fingers _____ Now _____ Past

Hands cold _____ Now _____ Past

Swollen joints in:

- Right fingers _____ Now _____ Past
- Left fingers _____ Now _____ Past
- All fingers _____ Now _____ Past

Sore joints in:

- Right fingers _____ Now _____ Past
- Left fingers _____ Now _____ Past
- All fingers _____ Now _____ Past

Arthritis in

- Right fingers _____ Now _____ Past
- Left fingers _____ Now _____ Past
- All fingers _____ Now _____ Past

Loss of grip strength in:

- Right Hand _____ Now _____ Past
- Left Hand _____ Now _____ Past
- Both Hands _____ Now _____ Past

Mid Back

Mid-back pain _____ Now _____ Past
Pain between
 shoulder blades _____ Now _____ Past
Sharp stabbing pain _____ Now _____ Past
Muscle Spasms _____ Now _____ Past

Chest

Chest pain _____ Now _____ Past
Shortness of breath _____ Now _____ Past
Pain around:
 • Right ribs _____ Now _____ Past
 • Left ribs _____ Now _____ Past
 • All ribs _____ Now _____ Past

Abdomen

Nervous stomach _____ Now _____ Past
Nausea _____ Now _____ Past
Gas _____ Now _____ Past
Constipation _____ Now _____ Past
Diarrhea _____ Now _____ Past

Low Back

Low back pain _____ Now _____ Past
Low back pain is worse when:
Working _____ Now _____ Past
 • Lifting _____ Now _____ Past
 • Stooping _____ Now _____ Past
 • Standing _____ Now _____ Past
 • Sitting _____ Now _____ Past
 • Bending _____ Now _____ Past
 • Coughing _____ Now _____ Past
 • Sneezing _____ Now _____ Past
 • Lying down _____ Now _____ Past
Low back feels out of place _____ Now _____ Past
Muscle Spasms _____ Now _____ Past
Arthritis _____ Now _____ Past

Hips, Legs, & Feet

Pain in:
 • Right Buttocks _____ Now _____ Past
 • Left Buttocks _____ Now _____ Past
 • Right hip joint _____ Now _____ Past
 • Left hip joint _____ Now _____ Past
 • Both hip joints _____ Now _____ Past
Pain down:
 • Right leg _____ Now _____ Past
 • Left leg _____ Now _____ Past
 • Both legs _____ Now _____ Past
Pain in:
 • Right Knee _____ Now _____ Past
 • Left Knee _____ Now _____ Past
 • Both Knees _____ Now _____ Past
 • Right Foot _____ Now _____ Past
 • Left Foot _____ Now _____ Past
 • Both Feet _____ Now _____ Past
 • Right Ankle _____ Now _____ Past
 • Left Ankle _____ Now _____ Past

Hips, Legs, & Feet, Con't.

 • Right Ankle _____ Now _____ Past
 • Left Ankle _____ Now _____ Past
 • Both Ankles _____ Now _____ Past
Leg Cramps _____ Now _____ Past
Sensations of Pins & Needles
 • In Right Leg _____ Now _____ Past
 • In Left Leg _____ Now _____ Past
 • In both Legs _____ Now _____ Past
Numbness of
 • Right Leg _____ Now _____ Past
 • Left Leg _____ Now _____ Past
 • Both Legs _____ Now _____ Past
 • Right Foot _____ Now _____ Past
 • Left Foot _____ Now _____ Past
 • Both Feet _____ Now _____ Past
 • Right Toes _____ Now _____ Past
 • Left Toes _____ Now _____ Past
 • All Toes _____ Now _____ Past
Right foot feels cold _____ Now _____ Past
Left foot feels cold _____ Now _____ Past
Both feet feel cold _____ Now _____ Past
Cramps in
 • Right foot _____ Now _____ Past
 • Left foot _____ Now _____ Past
 • Both feet _____ Now _____ Past
Swollen
 • Right ankle _____ Now _____ Past
 • Left ankle _____ Now _____ Past
 • Both ankles _____ Now _____ Past
 • Right Knee _____ Now _____ Past
 • Left Knee _____ Now _____ Past
 • Both Knees _____ Now _____ Past
 • Right foot _____ Now _____ Past
 • Left foot _____ Now _____ Past
 • Both feet _____ Now _____ Past
Painful Joints in
 • Right toes _____ Now _____ Past
 • Left toes _____ Now _____ Past
 • All toes _____ Now _____ Past
General
Nervousness _____ Now _____ Past
Irritability _____ Now _____ Past
Depression _____ Now _____ Past
Fatigue _____ Now _____ Past
Feel run-down _____ Now _____ Past
Loss of sleep _____ Now _____ Past
Loss of weight _____ Now _____ Past
HIV positive _____ Now _____ Past
Hepatitis C _____ Now _____ Past
WOMEN ONLY
Menstrual pain _____ Now _____ Past
Cramping _____ Now _____ Past
Irregularity _____ Now _____ Past

(Please circle any problems as it relates to your present pain or other symptoms)

HEAD: Neck/ Headache/Migraine is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

Shoulder: right/left/both is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

ARM: Elbow/ Wrist/ Hand/ Fingers - right/ left/ both is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

Mid-back has is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

Low back pain is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

Hip: right/ left/ both is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

LEG right/ left/ both: Knee right/ left/ both Ankle right/ left/ both Foot right/ left/ both
is: dull/ achy/ stiff/ tight/ sharp/ stabbing/ burning/ shooting/ pins - needles/ tingling/ radiating(traveling).

It is present: 25% 50% 75% 100% of the day and

aggravated by: lifting/ sitting/ standing/ walking/ stooping/ climbing / crawling/ driving/ stress

Pain is: 0 1 2 3 4 5 6 7 8 9 10 (0=No pain, 10=Intense pain)

Have you ever:

Been Hospitalized? _____ When and why? _____

Had Surgery? _____ When and for What? _____

Had a major fall or accident? _____ When and What type? _____

Had a cracked, broken or fractured bone(s)? (Including ribs) _____

When and What _____

Smoked : Y or N Start Date: _____ Frequency: _____ End date: _____

Female History:

Date of last menstrual cycle _____ Regular _____ Irregular _____

Birth control pill: Y N Are you pregnant: Y N

Emergency Contact:

Name of nearest relative (other than spouse) _____

Relationship _____ Address _____

Phone # _____

***Referred by: _____

I acknowledge, that it is my responsibility as a patient or parent/guardian to notify the office regarding any changes to the information provided verbally or contained within this patient information form (front and back) to include insurance, mailing address, custody of minors and/or health information.

Signature required by patient. If minor child; parent, guardian, or representative/caregiver.

Print your full name: _____

Signature : _____ Date _____