



36530

DC Patient Intake Form (version 1.1)

www.palladianhealth.com/members



Last name [grid]

First name [grid]

PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ● )

1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.

- Neck ○ Shoulder ○ Hip ○ Headache
○ Upper/mid back ○ Elbow ○ Knee ○ Other
○ Lower back ○ Wrist ○ Ankle
○ Hand ○ Foot

2. When did this problem first begin?

- Less than 1 month ago ○ 1-3 months ago ○ 4-6 months ago ○ 7-12 months ago ○ More than 1 year ago

Has this problem...

No Yes

3. ... resulted from a work injury (i.e. workers' compensation insurance claim)?

○ ○

4. ... resulted from a motor vehicle accident (i.e. no fault insurance claim)?

○ ○

5. ... recently been evaluated by a medical doctor?

○ ○

Since this problem began, have you noticed...

No Yes

6. ... so much weakness in both your arms that you are unable to lift them?

○ ○

7. ... so much weakness in both your legs that you are unable to walk without help?

○ ○

8. ... difficulty controlling your bowel or bladder, or have you been unable to urinate?

○ ○

9. ... pain in your chest, shortness of breath, or coughing up blood?

○ ○

10. ... that one leg felt more warm, more swollen, more red, or more tender than the other?

○ ○

Have you recently...

No Yes

11. ... had blurred vision, double vision, dizziness, or fainting?

○ ○

12. ... had any type of infection, fever, or chills?

○ ○

13. ... had any type of surgery, surgical procedure, or medical procedure?

○ ○

14. ... lost a lot of weight without really trying to (i.e. without being on a diet)?

○ ○

15. ... had any type of accident, fall, or trauma?

○ ○

Have you ever...

No Yes

16. ... been diagnosed with cancer?

○ ○

17. ... been diagnosed with osteoporosis (i.e. weak, soft, or brittle bones)?

○ ○

18. ... been diagnosed with a weakened immune system?

○ ○

19. ... used any injected drugs (i.e. non-prescription drugs)?

○ ○

20. ... used steroids such as prednisone for more than 4 weeks?

○ ○

Is this problem something that ...

No Yes

21. ... you've had before?

○ ○

22. ... generally gets worse (i.e. more severe or frequent) with movement, activity, or exercise?

○ ○

23. ... generally gets better (i.e. less severe or frequent) with rest?

○ ○

24. ... was recently examined with diagnostic imaging tests such as x-rays, MRI scan, or CT scan?

○ ○

25. ... is also being treated by a health professional other than a chiropractor?

○ ○

Service Date:

[grid] / [grid] / [grid]

36530



