

Callahan Chiropractic

Dr. Brian Callahan Confidential Patient Health Record

PATIENT INFORMATION:

Name: First _____ MI _____ Last _____
Address: _____ City _____ State _____ ZIP _____
Cell Phone: (____) _____ Email Address _____
Home Phone: (____) _____ Age _____ Birth Date ____/____/____ Sex _____ Marital Status _____
Your Employer _____ City/State _____ Wk Phone (____) _____
Type of Work _____
Name of Spouse _____ Employer _____
Name/Relationship of Emergency Contact _____ Phone (____) _____
Who referred you to our office? _____

CURRENT HEALTH CONDITION:

Please explain your primary complaint or symptoms (type of pain, location, severity, etc)

When did this condition begin? _____ Has it happened before? _____ When? _____

Is this condition: Job Related / Auto Related / Home Injury / Fall / Other _____

Previous Chiropractic Care: YES / NO Dr. _____ Other Doctors Seen: _____

Were you satisfied with your care? (Please explain)

Please list any medication(s) you are taking now: _____

Do you suffer from any condition other than that which you are consulting our office? _____

Who is your regular Medical Doctor? _____

PAST HEALTH HISTORY:

Accidents or Falls: _____

Broken Bones: _____

Surgery: _____

Hospitalizations: (other than above) _____

Patient Signature: _____ Date: _____