

**FOR OFFICE USE ONLY:**

Patient Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

Insurance: \_\_\_\_\_

Emp. Initials: \_\_\_\_\_

**CHIRO 10<sup>th</sup> VISIT REVAL:  
PATIENT INFORMATION:**

**\*\*Please give your Driver's License and insurance card to the front desk to copy for your records.\*\***

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Sex: \_\_\_\_M \_\_\_\_F Driver's License: \_\_\_\_\_ Patient Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: S M D W Spouse's Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Patient Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Emergency Contact #/Relationship: \_\_\_\_\_

Preferred method of contact for appointment reminders (circle one): Phone (home or cell) / text / email

Have you ever been to a Chiropractor before?: YES NO

Have you filed a legal claim at this time (circle if yes): Auto accident / Personal injury / Workman's Compensation

**CHIEF COMPLAINT: Answer the questions as completely as possible. If a question does not apply, leave it blank.**

Reason for today's appointment:  Neck pain  Upper back pain  Low back pain  Other: \_\_\_\_\_

Which side of your body is the complaint on?  Right  Left  Both

**How long have you had this problem?**

Date: \_\_\_\_\_ or \_\_\_\_day(s) \_\_\_\_ week(s) \_\_\_\_ month(s) \_\_\_\_ year(s)

**How do you think your problem began?**

**How often do you experience your symptoms?**

Constantly (76-100% of the time)  Frequently (50-75%)  Occasionally (26-49%)  Intermittently (0-25%)

**Rate the severity of your symptoms:**

Mild  Moderate  Severe

**How does this effect your movement?**

Stiffness  Spasms  Cramps

**What makes the symptoms worse?**

**What makes the symptoms better?**

**Please add any other information about the primary complaint that may be helpful:**

**\*\*\*Please list any ADDITIONAL complaints that you have: (Other areas of pain, etc.)\*\*\***

**If you are being RE-EVALUATED ONLY:**

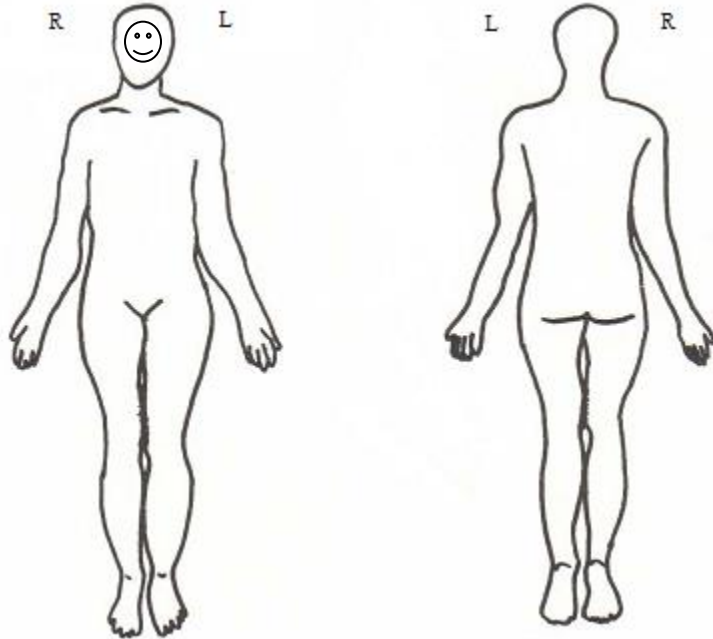
What percentage of improvement have you had from 0-100%: \_\_\_\_\_ %  
PATIENT'S INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**PAIN DRAWING:**

**INSTRUCTIONS:** *Mark the area on your body where you feel the described sensations:*

- *Use the appropriate symbol*
- *Mark the areas of spread*
- *Include all affected areas*

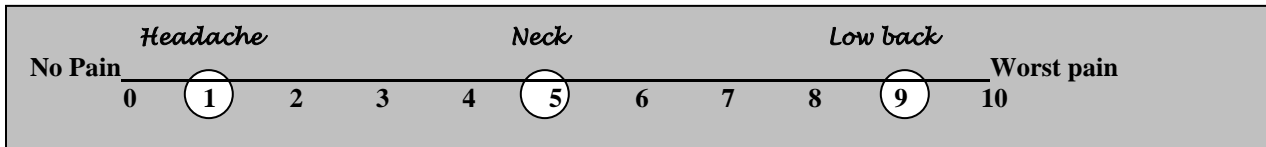
<b>KEY:</b>	
Numbness / Tingling	=====
Pins & Needles	oooooooo
Burning pain	xxxxxxxx
Dull / achy pain	.....
Sharp / Stabbing pain	////////////////



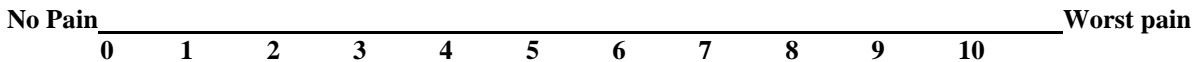
**VISUAL PAIN SCALE**

**INSTRUCTIONS:** *Please circle the number that best describes the question being asked. If you have more than one complaint, please answer each question for each individual complaint and indicate a score for each complaint. Please indicate your pain level right now, at its worst and at its best.*

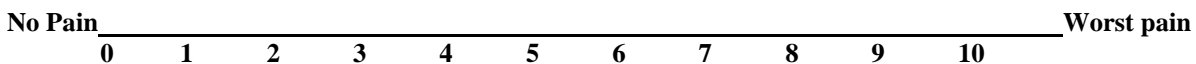
**Example:**



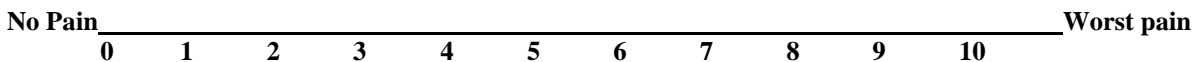
What is your pain RIGHT NOW?



What is your pain at its BEST?



What is your pain at its WORST?



**CURRENT MEDICATIONS:**

Current Medications and Vitamin Supplements: (Please use reverse side if more space is required.)

NAME:	STRENGTH:	FREQUENCY:	NAME:	STRENGTH:	FREQUENCY:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**The STarT Neck Screening Tool**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Thinking about the **last 2 weeks** tick your response to the following questions:

		Disagree 0	Agree 1
1	My neck pain has <b>spread down my arm(s)</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2	I have had pain in the <b>hip</b> or <b>back</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3	I have dressed/washed more slowly because of my neck pain	<input type="checkbox"/>	<input type="checkbox"/>
4	In the last few days, my sleeping is moderately disturbed because of neck pain	<input type="checkbox"/>	<input type="checkbox"/>
5	It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>Worrying thoughts</b> have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that <b>my neck pain is terrible</b> and <b>it's never going to get any better</b>	<input type="checkbox"/>	<input type="checkbox"/>
8	In general I have <b>not enjoyed</b> all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how **bothersome** has your neck pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

**Total score (all 9):** \_\_\_\_\_ **Sub Score (Q5-9):** \_\_\_\_\_

# The Keele STarT Back Screening Tool

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Thinking about the **last 2 weeks** tick your response to the following questions:

	<b>Disagree</b> 0	<b>Agree</b> 1
1 My back pain has <b>spread down my leg(s)</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the <b>shoulder</b> or <b>neck</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 I have only <b>walked short distances</b> because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have <b>dressed more slowly</b> than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>Worrying thoughts</b> have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b>	<input type="checkbox"/>	<input type="checkbox"/>
8 In general I have <b>not enjoyed</b> all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

**Total score (all 9):** \_\_\_\_\_ **Sub Score (Q5-9):** \_\_\_\_\_