

Kingwood Back Pain Relief Chiropractic-PATIENT INFORMATION

(Please fill in your information **in detail** so we can make our BEST recommendations for your treatment)

Name: _____ Date: _____

Address: _____ E-mail: _____

City/State/Zip: _____

Home#: _____ Work#: _____ Cell# _____

Sex: ___ M ___ F Height: _____ Weight: _____ Age: _____ Date of birth: _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name: _____ # of Children: _____

Who is responsible for this account? _____

Whom may we thank for referring you? _____

General

Allergy/Hypersensitivity
 Headaches/Migraines
 Loss of sleep
 Anxiety/Panic/Depression

Cardiovascular/ Respiratory/ GI

Reflux/Indigestion
 Blood pressure issues
 High Cholesterol
 Digestive Issues, Gas, Elimination

Genito-Urinary

Prostate Trouble
 Kidney Infection/Stones/UTI
 Frequent Urination

Muscles & Joints

Neck and back Pain/Stiffness
 Bulging/Herniated Discs/Degeneration
 Arthritis/Joint Inflammation

Ears/Eyes/Nose/Throat

Cataracts/ Macular Degeneration
 Thyroid Issues, Hypo/Hyper

Women Only

PMS/Painful Menstrual Cycle
 Hot Flashes/Menopausal Issues
 Ovarian/Uterine Cysts& Fibroids

Previous or Current Diagnosis

Cancer
 Diabetes I or II
 Depression
 HIV/AIDS
 Fibromyalgia/Chronic Fatigue
 MS/RA/SLE (Autoimmune)

Surgery

Neck/Back
 Shoulder/Hip/Knee
 Gallbladder

What are your goals for care in our office?

I just want some relief of my symptoms or discomfort
 I would like to correct the underlying problem so it doesn't return
 I am interested in being my healthiest and learning to stay that way

How long do you think it will take to not only feel better, but to actually get well? _____(months, years)

Are you interested in identifying and taking care of the root cause of the problem instead of just taking a medicine to treat the symptoms? Yes___ No___

Are you open minded to the idea of natural, holistic health care? E.g. chiropractic and nutritional treatments?
Yes___ No___

Chief Complaint(s)

1st Health Concern and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

- Is this a problem you would like to get rid of if you could? Yes___ No___

2nd Health Concern and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

- Is this a problem you would like to get rid of if you could? Yes___ No___

3rd Health Concern and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

- Is this a problem you would like to get rid of if you could? Yes___ No___

On a scale of 1-10 (10 being 100% ready and interested, 1 being not interested at all), where would you rate yourself on your commitment to get better?

_____/10

Dr. Hamel believes in identifying and correcting the root cause of your health condition(s), if he can help you he will give you his best recommendations and if he can't he will see if he can refer you to someone who can.