

Patient intake

Dobbins Chiropractic

4897 Gambero Way, Ave Maria, FL 34142 | (239) 763-7016

Fill in the fields on your computer. Save the PDF, then email it to the office or bring it to your visit.

Today's date

Patient

Name

Email

Phone

Date of birth

Street address

City

State

ZIP code

Condition

Reason for this visit

When did the symptoms start?

How often do you have them?

Type of pain. Check all that apply.

- | | | | | |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| ☐ Sharp | ☐ Dull | ☐ Throbbing | ☐ Numbness | ☐ Aching |
| ☐ Swelling | ☐ Shooting | ☐ Burning | ☐ Tingling | ☐ Cramps |
| ☐ Stiffness | | | | |

Severity, from 1 (least) to 10 (severe)

The pain interferes with

- | | | | |
|-------------------------------|--------------------------------|--|-------------------------------------|
| ☐ Work | ☐ Sleep | ☐ Daily routine | ☐ Recreation |
|-------------------------------|--------------------------------|--|-------------------------------------|

Movements or positions that hurt

- | | | | | | |
|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|
| ☐ Sitting | ☐ Standing | ☐ Walking | ☐ Bending | ☐ Lying down | ☐ Running |
|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|

Health history

Treatment you have already had for this condition

☐ Medications

☐ Surgery

☐ Physical therapy

☐ Chiropractic

☐ None

Check any that you have now or have had before.

☐ AIDS/HIV	☐ Bronchitis	☐ Goiter	☐ Migraines
☐ Alcoholism	☐ Cancer	☐ Gout	☐ Osteoporosis
☐ Anemia	☐ Cataracts	☐ Heart disease	☐ Rheumatoid arthritis
☐ Anorexia	☐ Diabetes	☐ Hepatitis	☐ Thyroid problems
☐ Appendicitis	☐ Emphysema	☐ Hernia	
☐ Arthritis	☐ Epilepsy	☐ Herniated disc	
☐ Asthma	☐ Fractures	☐ High cholesterol	
☐ Breast lump	☐ Glaucoma	☐ Kidney disease	

Anything else we should know

Type your name as your signature

Date signed

Email this form

This button works in Adobe Acrobat. In a web browser, save the PDF and email it instead.