

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

# History Form

## Neurologic Relief Centers History (Statistics) Form]

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Sex M\_\_ F\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_

Patient Employed By \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Business E-mail \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list any Medical Doctor, Chiropractic Physicians or Acupuncturists seen for this condition; date diagnosis, treatment and the effects their treatment had on your condition.

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List Current Medications      Taken For:      Dosage:      Frequency:

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(If you need more room please use reverse side)

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**A&M CHIROPRACTIC WELLNESS CENTRE**  
**4012 S.W. Green Oaks Blvd**  
**Arlington, Texas 76017**  
**817-572-0072**

On a scale of 0-10 (0 equals no pain and 10 equals severe pain), place a number between 0 and 10 in each space for Frequency and Intensity. Only use one number not a range (Example 5 not 4-6) Use a number that averages the last month. If you are on medications, use how you feel over the past month on these medications. Do not guess how you might feel without your medications.

		<b>Frequency</b>	<b>Intensity</b>
<b>HEAD</b>	Headache		
	Whole Head		
	Back of Head		
	Forehead		
	Right Temple		
	Left Temple		
	Migraine		
	"Heavy" Head		
	Memory Loss		
	Hearing Loss		
	Pain in Ears		
	Smell Loss		
	Taste Loss		
	Balance Loss		
	Eye Pain		
	Light Sensitivity		
	Dizziness		
	Ear Ringing		
	Ears Buzzing		
	Right Facial Pain		
Left Facial Pain			
Teeth Pain			
<b>Neck</b>	Neck Pain		
	Movement Pain		
	Feels Out		
	Neck Stiff		
	Muscle Spasm		
	Neck Grinds		
	Difficulty Swallowing		
	Popping		
	Nerve Feels Pinched		
<b>Shoulders / Arms</b>	Right Shoulder Pain		
	Left Shoulder Pain		
	Across Shoulder Pain		

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

<b>Shoulders/Arms (cont)</b>	<b>Frequency</b>	<b>Intensity</b>
Cant Lift Arm Above Shoulder Level		
Cant Lift Arm Over Head		
Nerve Pain Right Shoulder		
Nerve Pain Left Shoulder		
Shoulder Spasm		
Tense in Shoulder		
Pain Right Forearm		
Pain Left Forearm		
Pain Right Hand Fingers		
Pain Left Hand Fingers		
Hands Cold		
Swelling Right Hand		
Swelling Left Hand		
Pain Right Wrist		
Pain Left Wrist		
Pain Right Hand		
Pain Left Hand		
Pain Right Arm		
Pain Left Arm		
Arthritis Right Hand Fingers		
Arthritis Left Hand Fingers		
Weak Grip Right Hand		
Weak Grip Left Hand		
<b>Mid Back/Chest</b>		
Mid Back Pain		
Pain Between Shoulder Blades		
Spasms Mid Back		
Chest Pain		
Shortness of Breath		
Pain in Right Ribs		
Pain in Left Ribs		
<b>Low Back</b>		
Low Back Pain		
When Working		
When Lifting		
When Stooping		
When Standing		
When Sitting		
When Bending		
When Coughing		
Low Back Out		
Muscle Spasm		
Arthritis		

Name: \_\_\_\_\_

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		Frequency	Intensity
<b>Abdomen</b>	Nausea		
	Gas		
	Constipation		
	Diarrhea		
	Menstrual Pain		
	Cramping		
	Irregularity		
	Abdominal Pain		
<b>Hips/Legs/Feet</b>	Pain Right Buttocks		
	Pain Left Buttocks		
	Pain Right Hip		
	Pain Left Hip		
	Pain Right Thigh		
	Pain Left Thigh		
	Pain Right Leg		
	Pain Left Leg		
	Pain Right Ankle		
	Pain Left Ankle		
	Pain Right Foot		
	Pain Left Foot		
	Cramps Right Leg		
	Cramps Left Leg		
	Numb Right Leg		
	Numb Left Leg		
	Numb Right Foot		
	Numb Left Foot		
	Numb Toes (right foot)		
	Numb Toes (left foot)		
	Cold Right Foot		
	Cold Left Foot		
	Burning Right Foot		
	Burning Left Foot		
	Cramps Right Foot		
	Cramps Left Foot		
	Swollen Right Ankle		

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

		Frequency	Intensity
<b>Hips/Legs/Feet (cont)</b>	Swollen Left Ankle		
	Swollen Right Foot		
	Swollen Left Foot		
	Pain in Toes (right foot)		
	Pain in Toes (left foot)		
<b>General</b>	Fatigued		
	Teeth Grinding		
	Run Down		
	Insomnia		
	Restless Legs		
	Skin Itches		
	Wake Up Exhausted		
	Irritable Bowl Syndrome		
	Asthma or Hay Fever		
	Forgetful		
	Foggy Minded		
	Difficulty Breathing		
	Skin Sensitivity		
	Over All Body Pain		
	Nausea		
Chronic Fatigue			
<b>Physiological</b>	Suicidal Feeling		
	Suicidal Plans		
	Suicidal Attempts(1 meaning seldom		
	Depression		
	Panic Attacks		
	Nervousness		
	Anxiety		
	Irritable		
	Loss of Periods of Time		
	Frequency Intensity		