



Draft

DC Patient Intake Form
(version 1.1)

www.palladianhealth.com/members



Last name []

First name []

PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ●)

1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.

- Neck
- Shoulder
- Hip
- Headache
- Upper/mid back
- Elbow
- Knee
- Other
- Lower back
- Wrist
- Ankle
- Foot
- Hand

2. When did this problem first begin?

- Less than 1 month ago
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 1 year ago

Has this problem... No Yes

3. ... resulted from a work injury (i.e. workers' compensation insurance claim)? No Yes

4. ... resulted from a motor vehicle accident (i.e. no fault insurance claim)? No Yes

5. ... recently been evaluated by a medical doctor? No Yes

Since this problem began, have you noticed... No Yes

6. ... so much weakness in both your arms that you are unable to lift them? No Yes

7. ... so much weakness in both your legs that you are unable to walk without help? No Yes

8. ... difficulty controlling your bowel or bladder, or have you been unable to urinate? No Yes

9. ... pain in your chest, shortness of breath, or coughing up blood? No Yes

10. ... that one leg felt more warm, more swollen, more red, or more tender than the other? No Yes

Have you recently... No Yes

11. ... had blurred vision, double vision, dizziness, or fainting? No Yes

12. ... had any type of infection, fever, or chills? No Yes

13. ... had any type of surgery, surgical procedure, or medical procedure? No Yes

14. ... lost a lot of weight without really trying to (i.e. without being on a diet)? No Yes

15. ... had any type of accident, fall, or trauma? No Yes

Have you ever... No Yes

16. ... been diagnosed with cancer? No Yes

17. ... been diagnosed with osteoporosis (i.e. weak, soft, or brittle bones)? No Yes

18. ... been diagnosed with a weakened immune system? No Yes

19. ... used any injected drugs (i.e. non-prescription drugs)? No Yes

20. ... used steroids such as prednisone for more than 4 weeks? No Yes

Is this problem something that ... No Yes

21. ... you've had before? No Yes

22. ... generally gets worse (i.e. more severe or frequent) with movement, activity, or exercise? No Yes

23. ... generally gets better (i.e. less severe or frequent) with rest? No Yes

24. ... was recently examined with diagnostic imaging tests such as x-rays, MRI scan, or CT scan? No Yes

25. ... is also being treated by a health professional other than a chiropractor? No Yes

Service Date: [] [] / [] [] / [] [] [] []
M M D D Y Y Y Y

Draft

