



# ELITE SPINE GROUP

T In: \_\_\_\_\_

T Out: \_\_\_\_\_

T 1 2 3

## GENERAL PATIENT INFORMATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M | F Parent's Name, if minor: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Single  Married  Divorced  Widowed  Separated Spouse's Name: \_\_\_\_\_

# Of Children: \_\_\_\_\_ Names of Children: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone)

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

## SYMPTOMS / INJURIES

Reason for visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did symptoms appear? \_\_\_\_\_ Are symptoms getting progressively worse?  YES  NO  UNKNOWN

Rate severity of pain from 1(least pain) to 10(severe pain): \_\_\_\_\_

Type of Pain (check all that apply):

Sharp  Dull  Throbbing  Numbness  Tingling  Aching  Shooting  
 Burning  Cramps  Stiffness  Swelling Other: \_\_\_\_\_

How often do you have this pain? \_\_\_\_\_

Does it interfere with your:  Work  Sleep  Daily Routine

Activities that are painful to perform:  Sitting  Standing  Walking  Bending  Lying Down

## TREATMENT

What treatment have you already received for this condition?  Medication  Surgery  Physical Therapy  
 Chiropractic  None  Other

Check if any of the following were taken:  X-rays  MRI  CT scan Other \_\_\_\_\_

Name & address of other doctor(s) who have treated your condition: \_\_\_\_\_  
\_\_\_\_\_

List all medications, vitamins, and supplements you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

## HEALTH HISTORY

Check off any symptom you currently have, or have had in the past.

✓	Symptom	Frequency: Constant   Occasional   Rare	List Family Members With This Condition
	Headaches		
	Migraines		
	Neck Pain		
	Shoulder Pain		
	Arm/ Hand Pain		
	Mid-Back Pain		
	Low Back Pain		
	Hip Pain		
	Leg/ Foot Pain		
	Disc Problems		
	Scoliosis		
	Osteoporosis		
	Carpal Tunnel		
	Arthritis		
	Other Joint Pain/Swelling		
	Numbness		
	Diabetes		
	Thyroid Problems		
	Heart Problems		
	High Blood Pressure		
	Chest Pain		
	Heart Burn		
	Digestive Problems		
	Urinary Problems		
	Bed Wetting		
	Prostate Problems		
	Menstrual Problems		
	Infertility		
	Cancer		
	Fatigue		
	Nervousness		
	Dizziness		
	Insomnia		
	ADD/ADHD		
	Vision Changes		
	Vertigo		
	Hearing Loss		
	Ringing in Ears		
	Earaches		
	Ear Infections		
	Allergies		
	Sinus Trouble		
	Nose Bleeds		
	Asthma		
	TMJ		
	Nausea		