



Chiropractic Case History

300 East Locust, Suite 140 Des Moines, IA 50309

515-288-8058

www.drpulley.com

Be Healthy by Choice, Not by Chance!



Please Describe the reasons that you have come into our office:

What is your primary complaint? _____

Location of Complaint: _____

Complaint Began when and how? _____

Indicate the Quality of the complaint/pain:

dull aching sharp shooting burning throbbing deep nagging other _____

Does this complaint/pain radiate or travel (shoot) to any areas of your body? Where? _____

Do you have any numbness or tingling in your body? Where? _____

Grade Intensity/Severity:

(No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)

How frequent is complaint present, how long does it last? _____

Does anything aggravate the complaint? _____

Does anything make the complaint better? _____

Have you tried other treatments for your complaint such as medications or surgery?: _____

Past Health History:

Who is your medical doctor? _____ Previous Chiropractic Care?(Who/when) _____

Previous serious illnesses and injuries/trauma may be contributing to the problem you are now having.

Please list any serious illnesses or injuries that you may have had.

Do you have any allergies? If so, please list _____

Surgeries:

Date/Type of Surgery	Current Medications
_____	_____
_____	_____

Females/ Pregnancies and outcomes:

Pregnancies/Date of Delivery	Outcome
_____	_____
_____	_____

What was the date of the beginning of your last menstrual period? _____

Social and Occupational History:

Our lifestyles often give the most telling picture of our health. Little things that we do everyday can have serious long term effects.

Level of Education: high school some college college graduate post graduate studies

Job description: _____

Work schedule: _____

Recreational activities: _____

Lifestyle (hobbies, level of exercise, alcohol, tobacco and drug use, diet): _____

Patient/Parent/Guardian Signature: _____ Date _____

Doctors Signature _____ Date _____