

Felton Chiropractic

Chiropractic Case History/ Patient Information

Dr. Sean Felton

816.258.3774

INTRODUCTION

DATE: _____

HOW DID YOU HEAR ABOUT US: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

HOME PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

HISTORY OF PRESENT ILLNESS:

Chief Complaint: Purpose of this appointment: _____

Date symptoms began: _____

Have you ever had the same or similar condition?(if yes, please describe) _____

PAST MEDICAL HISTORY:

Have you ever been diagnosed as having or suffering from?

- | | | |
|--|---|---|
| <input type="checkbox"/> Broken or Fractured Bones | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Circulatory Problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Coughing Blood | <input type="checkbox"/> Congenital Disease |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Depression |
| | | <input type="checkbox"/> Rheumatoid Arthritis |
| | | <input type="checkbox"/> Pace Maker |
| | | <input type="checkbox"/> HIV Positive |
| | | <input type="checkbox"/> Gall Bladder Disease |

Do you have a history of stroke or hypertension? _____

Have you ever had any major illnesses, injuries, falls, auto accidents, hospital stay or surgeries? _____

What medications are you taking? _____

What supplements do you take? _____

I authorize Dr. Sean Felton to perform an examination and perform treatment on me or for the patient for whom I am the legal guardian.

SIGNATURE: _____