McDaniel Chiropractic Center

Experience The Benefits

PATIENT UPDATE

Name: ______________________________

Current Address: ______________________________

City: ______________ State: __________ Zip Code: ______________

Home Phone: ______________ Work Phone: ______________ Cell Phone: ______________

Emergency Contact: ______________ Relationship: ______________ Phone: __________

Please complete the following so that we may serve you better. Thank you!

My present symptoms are: ______________________________

They began on: ______________

I feel better with: ☐Ice ☐Heat ☐Activity ☐Inactivity ☐Standing ☐Sitting ☐Medication ☐Biofreeze ☐Other ______________

I feel worse with: ☐Lifting ☐Sitting ☐Standing ☐Activity ☐Inactivity ☐Bending/Twisting ☐Walking ☐Other ______________

Accidents/Injuries since last visit: ☐NO ☐YES (Please Explain)

____

Current Medications and/or any change in medication: ☐NO ☐YES (Please Explain)

____

Any change in your medical history (including surgeries/ illnesses/ hospitalizations) since your last visit? ☐NO ☐YES (Please Explain)

____

Have you seen any other doctor (including another chiropractor) since your last visit here? ☐NO ☐YES

For what condition? ______________________________

Primary Care Physician: ______________________ May we contact him/her? ☐YES ☐NO

I give permission for Drs. Jim and Julia McDaniel to examine me as he/she deems necessary through the use of chiropractic health care, and I give authority for these procedures to be performed.

______________________ ______________

Patient Signature Date

Our goal at McDaniel Chiropractic Center is to help our patients achieve optimal health and well-being. Please feel free to ask us about the benefits of Wellness Care.

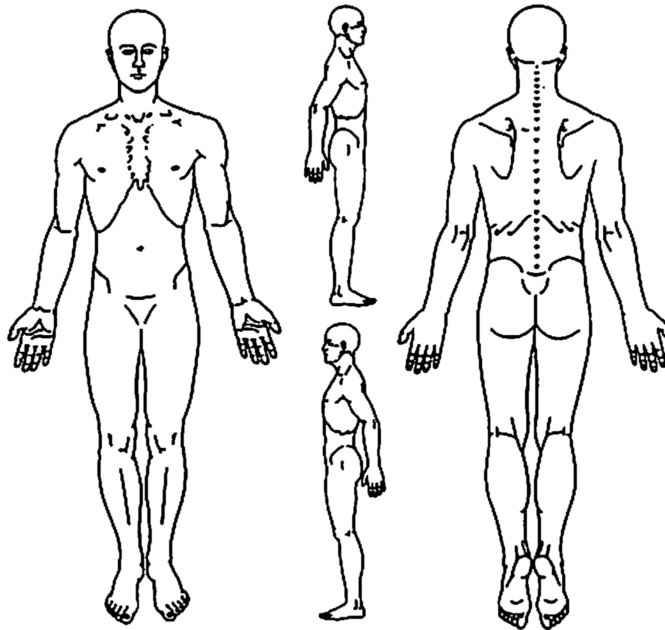
1330 Exchange Street, Suite 105 Middlebury, VT 05753
Phone: 802-388-0970 Fax: 802-388-0917
Internet: www.McDanielChiro.com E-mail: info@McDanielChiro.com

Patient Name: ______________________ Date ______________

USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW

Key:

A = ACHE	B = BURNING	N = NUMBNESS
P = PINS & NEEDLES	S = STABBING	O = OTHER

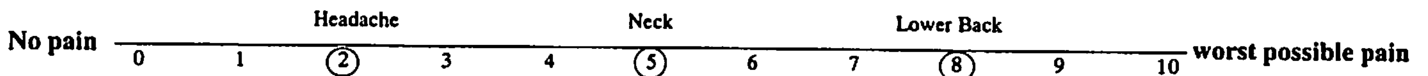


Please read carefully:

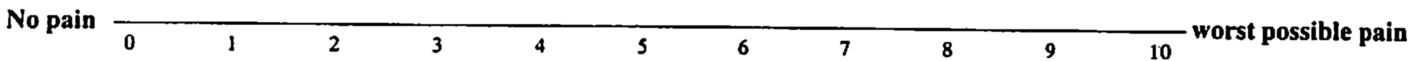
Instructions: Please circle the number that best describes the question being asked.

Note: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

Example:

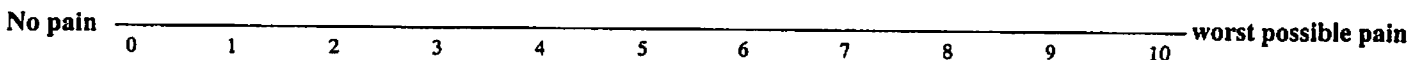


1 - What is your pain RIGHT NOW?



2 - What is your TYPICAL or AVERAGE pain?

3 - What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?



4 - What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?

OTHER COMMENTS: ______________________________________

____

Examiner ______________________