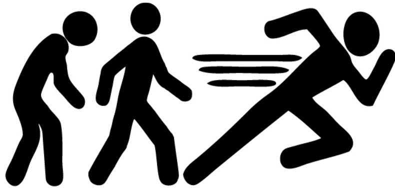

Easton Pond Chiropractic APPLICATION FOR CARE

D. Gordon Gibson, DC 272 Valley Road, Middletown, RI 02842

Date:_____/______/________

Name: First/Middle/Last______________________________/__________/______________________________
Address:_______________________________________ City: ____________________ State: ______ Zip:______________
Phone Home: ________________________ Cell: ______________________
Email: ____
Would you like to receive our free email newsletter on health: YES○ NO○
Birth Date: _____/_____/_____ Age: ________ Gender: Male○ Female○
Marital Status: S○ M○ D○ W○ Spouses Name: __________________________ # of Children: ________
Social Security Number: _________________________________
Referred By: ____
Employment Status: Full○ Part○ Retired○ Student: College○ High School○ Middle○ Grade○ Pre○
Employer: ___________________________________ Occupation: ___________________________________
Work Phone: ________________________ Extension: __________
Where would you prefer to be contacted in order of preference?
Home Phone Work Phone Cell Phone Email
In case of emergency call_______________________________ Relationship__________________ Phone________________
Reason for consulting our office: ____
** Please check if you are here for any of the following: ☐Car Accident ☐Work Injury ☐Other injury

Insurance

Name of Policy Holder: ________________________________ Policy Holder Date of Birth: _____/_____/_________
PRIMARY Insurance Co.: ________________________ **Phone # FOR PROVIDERS (from back of card):** ____________________
ID#: ____________________________ **Group #:** ___________________________
Mailing Address: ____

SECONDARY Insurance: _________________________ *Phone # FOR PROVIDERS (from back of card):* ______________________
ID#: ____________________________ *Group #:* ___________________________
Mailing Address: ____

Health History...

Research is showing that many of the health challenges that occur later in life have their origins during the developmental years, some even starting at birth. Please check those items that apply to you.

Birth History

☐Mother smoked/drank/drugs in pregnancy ☐Epidural/Meds in labor ☐Breech Vaginal
☐C-Section ☐Forceps Delivery ☐Vacuum Extractor used ☐Labor Induced
☐Complications Other: ____

Childhood Years (Age 0-17 yrs)

☐Childhood Illness ☐Serious Falls ☐Active in Sports ☐Very Inactive
☐Car Accident(s) ☐Surgery/Stitches ☐Alcohol/Drug Abuse ☐Smoker
☐Antibiotics/Other Meds ☐Vaccinated ☐Under Chiropractic Care ☐Broken Bones
☐Severe Emotional Trauma(s): ____

Adult Years (Age 18 to present)

☐Present Smoker ☐Former Smoker ☐Alcohol Use ☐Play Sports
☐Car Accidents ☐High Job Stress ☐High Personal Stress ☐Sit a lot
☐Drive a lot ☐Poor Sleep ☐Poor Diet ☐No Exercise
☐Flat Feet ☐Wear Orthotics/Lifts ☐Hard Falls
☐Other injuries: ____
☐Severe Health Problems, Please List: ____
☐Surgeries, Please List: ____
☐Prescription Drugs, Please List: ____
☐Over the Counter Drugs, Please List: ____
☐Have been under chiropractic care in the past? - How long ago was your last adjustment? ____________________
☐Who/Where was your previous chiropractor? ____

Please tell us why you are here:

Primary Complaint: ______________________________ Secondary Complaint: ______________________________

Regarding your **PRIMARY** complaint... How long have you had this problem currently? ______________________________

Have you had this problem before? ○Yes ○No How often/How long: ______________________________

Location of condition: ☐left ☐right ☐both

On a scale, with 10 being the worst, choose the number that best describes the symptom most of the time:

(no pain) ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 (worst pain)

What percentage of the time that you are awake is the pain at that intensity? _______%

Check all that apply. Condition is better when:

☐resting ☐standing ☐sitting ☐lying down ☐moving/exercising ☐after chiropractic treatment ☐other: ____________

Condition is worse when:

☐doing daily living activities ☐walking ☐prolonged sitting or standing ☐sleeping or lying down ☐bending/lifting ☐other: ____________

Symptoms feel like: ☐aching ☐stabbing ☐sharp ☐stiff ☐tingling ☐numbness ☐other: ____________

Does pain radiate: ○Yes ○No If yes, where? ______________________________

When is your condition worst? ☐morning ☐late in day ☐night ☐constant ☐sporadic

Since it began, is it ☐about the same ☐improving ☐worsening ☐variable

Did you have an injury? ○Yes ○No If Yes, Please explain: ______________________________

____

Have you tried other treatments for this condition? *(Examples: ice, meds, PT, other physicians)*: ______________________________

____

Are there any other doctors you are currently under care with and why? ______________________________

____

Please check all recurring or current symptoms, even if they do not seem related to your current problem(s).

☐Pins & Needles in Arms
☐Pins & Needles in Legs/Feet
☐Numbness in Toes
☐Numbness in Fingers
☐Back Stiffness/Pain
☐Jaw/TMJ Problems
☐Tension/Stress
☐Buzzing/Ringing in Ears
☐Neck Stiffness/Pain
☐Sleeping Problems
☐Loss of Balance
☐Recurring Infection
☐Other: ______________________________

☐Headaches/Migraines
☐Sinus Problems
☐Asthma
☐Allergies
☐Dizziness/Vertigo
☐Nervousness/Anxiety
☐Problems Urinating
☐Cold Feet
☐Cold Hands
☐Foot Problems
☐Cold Sweats
☐Fatigue

☐Stomach Upset
☐Heartburn/Reflux
☐Diarrhea
☐Constipation/Gas
☐Ulcers
☐Infertility/Impotence
☐Menopause
☐PMS
☐Irritability/Mood Swings
☐Hot Flashes
☐Depression
☐High Blood Pressure
☐Heart/Cardiovascular Issues

Please use this line to rate your health <u>right now</u>

100% Sick (Dead) <--○------○------○------○------○------○------○------○------○------○--> 100% Healthy

I hereby certify that the statements and answers given on this form are accurate to the best of my knowledge.
I agree to allow this office to perform an assessment of me in order to make as complete an evaluation as possible.

______________________________ ______/______/________

Electronic Signature Date

Now SAVE YOUR CHANGES and EMAIL as an ATTACHMENT to drgibson@eastonpondchiropractic.com

If you have filled out this form in Google Chrome, you will need to pretend to "Print" to save your entries in a file.
CLICK the printer icon then, CHANGE the destination from your printer to "Save as PDF." Then ATTACH that saved file to an email.