

# Patient Intake Form

Dobbins Affordable Chiropractic  
1240 High St.  
Alameda, Ca.  
94501  
dobbinschiropractic.com



Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Sex M  F  Birthday \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Status \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_

## Patient Condition

Reason for Visit \_\_\_\_\_

When did your symptoms appear? \_\_\_\_\_

Is this condition getting progressively worse? \_\_\_\_\_

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

Is the pain constant or does it come and go? \_\_\_\_\_

### Type of pain:

- Sharp  Dull  Throbbing  Numbness  Aching  Swelling  
 Shooting  Burning  Tingling  Cramps  Stiffness

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

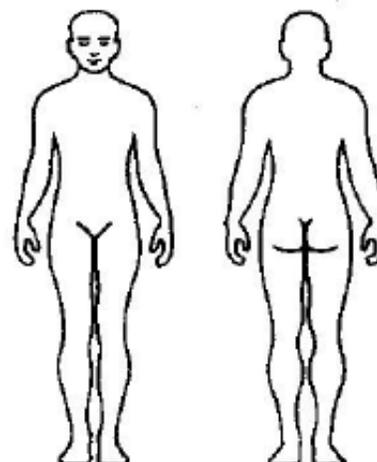
Does the pain interfere with your:

- Work  Sleep  Daily Routine  Recreation

Activities or movements that are painful to perform:

- Sitting  Standing  Walking  Bending  Lying Down  
 Running

Please mark the areas of pain



# Health History

What treatment have you already received for your condition?

Medications

Surgery

Physical Therapy

Chiropractic

None

Other:

\_\_\_\_\_

Please check if you have or have had any of the following:

AIDS/HIV

Emphysema

Mononucleosis

Tonsillitis

Alcoholism

Epilepsy

Multiple Sclerosis

Tuberculosis

Allergy Shots

Fractures

Mumps

Tumors, Growths

Anemia

Glaucoma

Osteoporosis

Typhoid Fever

Anorexia

Goiter

Pacemaker

Ulcers

Appendicitis

Gonorrhea

Parkinson's Disease

Vaginal Infections

Arthritis

Gout

Pinched Nerve

Venereal Disease

Asthma

Heart Disease

Pneumonia

Whooping Cough

Bleeding Disorders

Hepatitis

Polio

Breast Lump

Hernia

Prostate Problem

Bronchitis

Herniated Disk

Prosthesis

Bulimia

Herpes

Psychiatric Care

Cancer

High Cholesterol

Rheumatoid Arthritis

Cataracts

Kidney Disease

Rheumatic Fever

Chemical Dependency

Measles

Scarlet Fever

Chickenpox

Migraine Headaches

Suicide Attempt

Diabetes

Miscarriage

Thyroid Problems

## Exercise

None

Moderate

Daily

Heavily

## Work Activity

Sitting

Standing

Light Labor

Heavy Labor

## Habits

Smoking

Alcohol

Coffee/Caffeine

High Stress Level

Packs/Day \_\_\_\_\_

Drinks/Week \_\_\_\_\_

Cups/Day \_\_\_\_\_

Reason \_\_\_\_\_

Notes:

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