Confidential Patient Record

Name _____ Sex _____ Age _____ DOB _____ Date _____

Address _____ City _____ State _____ Zip _____

Home _____ Mobile _____ Carrier_____ Email_____

Occupation _____ Employer _____

Names/Ages of Children _____ Marital Status (*circle one*) MARRIED SINGLE WIDOWED DIVORCED

Name of Spouse _____ Spouse's Employer _____

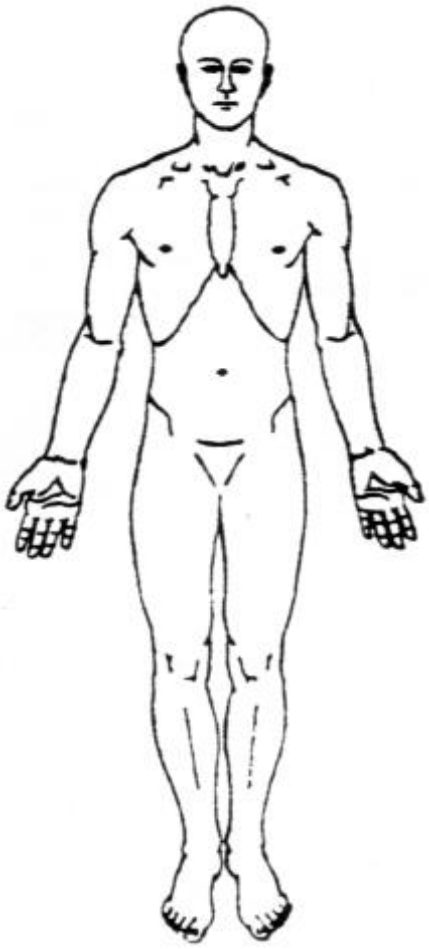
Name and Phone of Emergency Contact _____ Relationship _____

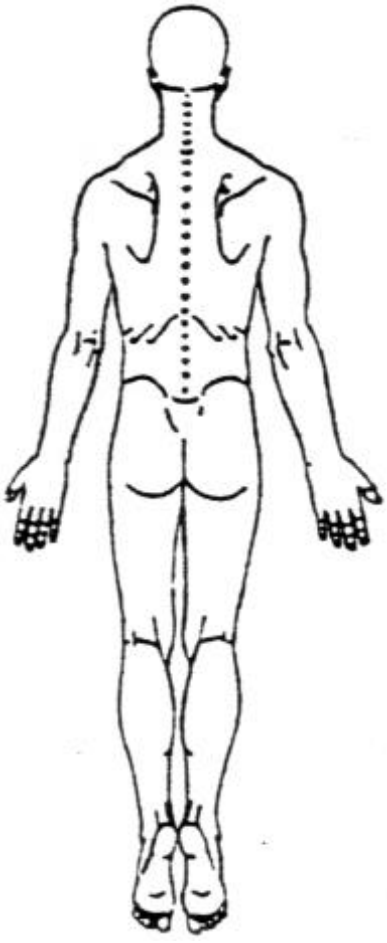
How did you hear about our office? _____

Have you ever been to a chiropractor before? Y N If yes, which doctor? _____

Health Evaluation

Using the diagram below, mark the areas of your body where you currently feel pain or other abnormal sensation. Also indicate where your pain travels (if appropriate). You can also write notes next to your markings if a description would be helpful. Then, please answer the questions to the right by circling the number that best represents your pain, where **1 is no pain** and **10 is pain as bad as you can imagine** *(describe if your pain is sharp, achey, stiff, sore, numb, tingling or a combination).*





How long ago did your pain start?

_____

_____

Rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

1 2 3 4 5 6 7 8 9 10

Rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

1 2 3 4 5 6 7 8 9 10

Rate your pain by circling the one number that best describes your pain on AVERAGE for the past WEEK.

1 2 3 4 5 6 7 8 9 10

What makes your pain/discomfort better or worse? _____

_____

_____

Is your pain constant? Y N

Has it gotten worse? Y N

Does it wake you from sleep? Y N

HealthQuest
Dr. Greg Barsten, D.C., N.M.D., C.C.N.

14107 Winchester Blvd., Ste. J
Los Gatos, California 95032
408.358.2225 | 408.540.7108 (fax)

Comments & Additional Information

Cancellation Policy

Please call our office 24 hours in advance, to prevent being charged for no-show appointments. Your initials below indicate that you understand you will be charged for the visit if you miss your appointment without a 24-hour cancellation. Initials:_____