



**How did this condition develop? (What caused it? How did it start?)**\_\_\_\_\_

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**When were you first aware of this problem?** \_\_\_\_\_

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**Have you ever had this problem or similar problems before? If yes, please explain:** \_\_\_\_\_

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**Have you ever received any treatment for this condition? If yes, where and when, and what were your results?** \_\_\_\_\_

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**Has this problem been getting better, worse or staying the same?** \_\_\_\_\_

**Is there anything that makes this problem worse?** \_\_\_\_\_

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**How has this condition affected your life?**

1. Home life \_\_\_\_\_

2. Occupational life \_\_\_\_\_

3. Recreational life \_\_\_\_\_

4. Rest and sleep life \_\_\_\_\_

**Have you been in an automobile accident? If yes, when** \_\_\_\_\_

**Any accidents, falls, etc that could have caused this problem? (Please explain)**\_\_\_\_\_

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**Are you pregnant? If so, what is your due date?** \_\_\_\_\_

**Any chiropractor consulted in the past? Name:** \_\_\_\_\_

**Dates consulted:** \_\_\_\_\_ **For what problem?** \_\_\_\_\_