

Aery Chiropractic & Acupuncture

Confidential Health Record for Re-Examinations

PLEASE COMPLETE THE FOLLOWING **IN FULL**:

DATE _____ LEGAL NAME _____ PREFERRED NAME _____

Current Best Phone Number _____ Any other contact number _____

Mailing Address _____

Date of Birth _____ Social Security # _____

Age Today _____ Email Address _____

Marital Status S M W D

Please list your current complaints/reasons for seeing the doctor today:

Have you had any surgeries, hospitalizations or major illnesses since your last visit? Y N

If yes, please list each occurrence with dates: _____

Are you currently taking any medications, supplements or herbs? Y N

If yes, please list: _____

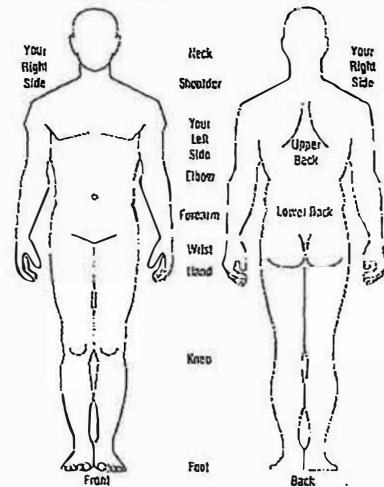
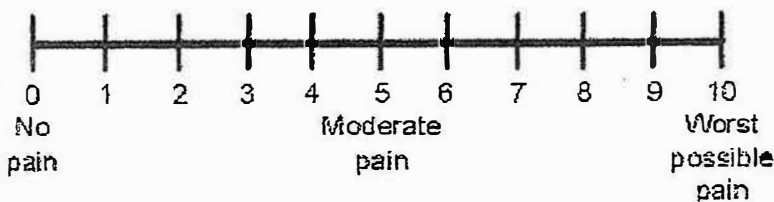
When did your current pain/symptoms start? _____ Was this due to an injury or accident? Y N

If yes, check the following options that apply: Auto Work Home Leisure Sports Other

If due to injury or accident, please describe: _____

Please mark your areas of pain on the figures below. Include the severity of your pain on the scale from 0-10, with 0 being no pain & 10 being extreme pain:

0-10 Numeric Pain Rating Scale



Patient's signature _____ Today's Date _____

DO YOU HAVE A PACEMAKER? N Y

Office Notes: