ENOS CHIROPRACTIC

Personal Injury Intake Form & Chiropractic Care Agreement

Accident Information:

Date: _____ Time: _____AM/PM was it reported to the police? __ Yes __ No

Location of Accident:_____ Driver or Passenger Number of Passengers: _____

Make/Model of Vehicle you were in:_____

Please explain in detail how the accident occurred:

_____

In which direction were you headed? __North __South __East __West

Did you go to any hospital? If so, where? ___No.

_____.

DID YOU GET ANY; X-RAYS, MRI, CT SCAN IN THE AREA(S) OF COMPLAINT?

__ Yes: Date(s) taken: _____ What areas were taken? _____.

Please Mark (X) all of the following that apply to you:

__ Recent Fever
__ Diabetes
__ High Blood Pressure
__ Stroke (Date): _____
__ Corticosteroid Use (Cortisone, Prednisone, etc.)
__ Taking Birth Control Pills
__ Dizziness / Fainting
__ Numbness in Groin / Buttocks
__ Cancer / Tumor (Explain): _____
_____.
__ Osteoporosis
__ Epilepsy / Seizures.
__ Other Health Problem (Explain) _____
_____.

__ Prostate Problems
__ Menstrual Problems
__ Urinary Problems
__ Pregnant: _____
__ Abnormal Weight _ Gain or _ Loss
__Morning Pain / Stiffness
__ Pain unrevealed by Position or Rest
__ Pain at Night
__ Visual Disturbances
__ Surgeries: _____
_____
_____.
__ Medication: _____
_____.

Have you seen a chiropractor before; if so when and where _____

Family History:

__ Cancer
__High Blood Pressure
__ Rheumatoid Arthritis
__ Diabetes
__ Heart Problems or Stroke