

## DR. ANTHONY SUBIA CHIROPRACTOR

3-D CHIROPRACTIC TECHNIQUE

## REQUIRED FOR YOUR CASE HISTORY

DATE:	PT. ID.:			
NAME:				
	YES	NO	IF YES, WHEN/LIST	
Is your condition due to an accident or injury?				
Did you injure yourself at work?				
Are your current complaints the result of an				
automobile accident?				
Have you been involved in an auto accident in the past?				
Have you had previous chiropractic care?				
Have you had X-Rays taken in the past?				
Are you taking prescription or non prescription drugs?				
Are you taking vitamins?				
Have you had any surgeries?				
Have you been hospitalized?				
Have you suffered fractures?				
Have you suffered slip-and-fall injuries?				
Do you follow an exercise program?				
History of cancer?				
Rate your diet as: (circle one) healthy, mediocre, or poor				
Please check the type of care desired so that we may be quided by your wishes when possible  Please explain to the best of your knowledge what has cause Please be as accurate as possible explaining in detail exactly mystered. Also the littled reaching banding twisting etc.			PAIN RELIEF ONLY PAIN RELIEF AND IMPROVED HEALTH  ng, especially the body motion	
involved. Also lbs. lifted, reaching, bending, twisting, etc.				
	Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.			
	Numbnes	SS = =	Pins and needles 0 0 0	
	Dull ache	XXX	Sharp Pain / / /	
Patient's Signature(Please continue on other side of paper)	R		L R	

## **SYMPTOMS**

HEAD	<u>NECK</u>		MID-BACK	CHEST
Headache	Pain in Ne	eck	Mid-back pain	Chest pain
Entire head		with movement	Pain between	Shortness of breath
Back of head		erve in neck	shoulder blades	Pain around ribs
Forehead		out of place	Sharp stabbing	Breathlessness
Temples	Stiff neck		pain in mid-back	Asthma
Migraine	Muscle Sp	asms	Muscle spasms	
Head feels heavy		Popping sounds	Rib pain	Allergies
Lightheadedness	Arthritis in			
Fainting				
Light bothers eyes		LOWBACK		
Loss of smell/taste		LOW BACK		ABDOMINAL
Dizziness		Low back pain		Stomach upset
Jaw pain		Pain is worse when		Ulcers
Loss of hearing			orking 	Indigestion
Ringing in ears			ting .	Gastritis
Vertigo			ooping	Bloating
Sinusitis			anding	Constipation
Siriusitis			tting	Diarrhea
			ending	Colic (for babies)
SHOULDERS .			oughing	
Pain in shoulder joint	te		ther:	
Bursitis	.5	Arising fro		
Can't raise arm		Pinched r		
	Slipped disc			
over head	dei level		feels out of place	
Tension in shoulders		Muscle sp	asms	
Pinched nerve in sho		Arthritis		
Pinched herve in sho	Juluers	Tailbone p	pain	
ARMS & HANDS		HIPS, LEGS & F	EET	<b>GENERAL - PRESENT OR PAST</b>
Pain in upper arm		Pain in bu	ittocks	Nervousness
Pain in forearm		Pain in hi	o joint	Irritable
Pain in hands		Pain dow	n leg	Depressed
Pain in fingers		Leg cram	os	Fatigue
Fingers go to sleep		Pins & ne	edles in leg	Generally feel run-down
Hands cold		Numbnes	s of leg	Loss of sleep
Swollen joints in finge	ers	Feet feel	cold	Weight gain
Loss of grip strength		Painful joi	nts in toes	Weight loss
Stiff joints		Pain in kn	ee	Use pillow under legs at night
Sweaty palms		Pain in fo	ot	Jaw pain from chewing gum
Tennis/golfer's elbowPlantar F		ascitis	Anxiety	
Carpal Tunnel Syndrome		Groin pull		Other:
		Cracked h	neels	Incontinence/bladder leakage
Women Only:				
Date of last period:	Menstrual	pain?	Cramping?	
Severe PMS?Are	vou now preanant	t? If ve	s. how long?	<del></del>
			Painful breasts?	