

Halsey Chiropractic & Acupuncture

Patient Update

Please complete Part A. Part B should be completed only if the information has changed since you were last seen in our office.

PART A

Name: _____

Home Phone: _____ Cell Phone: _____

Address (If new): _____

Purpose of this appointment: _____

Is this the same problem you were originally under care for? Yes No

If yes, are there any additional symptoms? _____

Other doctors seen for this condition: _____

What medications or drugs are you taking? _____

PART B

What is your major symptom? _____

Describe the pain: Sharp Dull Numbness Tingling Aching Burning Stabbing
 Other _____

What makes the problem worse? Standing Sitting Lying Bending Lifting Twisting
 Other _____

Have you had any medical or surgical procedures since you were last treated in our office? Yes No

If YES please describe: _____