



# Bloomington Sports and Wellness

Chiropractic – Active Release Techniques – Functional Rehabilitation – Frequency Specific Micro-current

## Case History and Personal Health History

(Please fill out the front and back of all pages)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about Bloomington Sports and Wellness? \_\_\_\_\_

### Please List the Reason for your visit today

Chief Concern: \_\_\_\_\_

Describe the onset of your pain? (circle one) **Gradual** **Sudden** Date of onset \_\_\_\_\_

Has it gotten? **Worse** or **Better** Have you had this problem before? **Yes** **No**

Is your pain **constant** or does it **come and go**?

Rate your pain today (0=no pain, 10= worst pain you have ever had)

0-----5-----10

Please tell us where you hurt. Use the appropriate symbols below

Ache >>>>	Numbness =====	Pins & Needles o o o c
Burning x x x x	Stabbing /////	Throbbing ~~~~~

**(Case History Continued)**

What is your goal from treatment?

**Pain relief only      Pain relief and prevention/stabilization exercises/advice.**

What does your current condition prevent you from doing that you would like to do again?

\_\_\_\_\_

**Personal Health History**

Have you ever had the following?  
(Circle all that apply)

None of these apply

Cancer      Pneumonia      High Blood Pressure      Heart Attack      Stroke  
Tuberculosis      Alcoholism      Rheumatic Fever      Blood clotting disorder  
Rheumatoid Arthritis      Osteo-arthritis      HIV Positive      Depression  
Neurological Disease      Diabetes      Hepatitis      Osteoporosis

Fibromyalgia      Motor Vehicle Accident in the last 5 years if yes, when\_\_\_\_\_

**Health Habits and Philosophy**

(Circle all that apply)

I exercise: \_\_\_\_\_times a week. I consider the intensity of my exercise: **low medium high**

The types of exercise or recreational activities are\_\_\_\_\_

If you are a runner, please give a mileage range \_\_\_\_\_

I **do / do not** smoke cigarettes. I **do / do not** use other forms of tobacco.

I drink \_\_\_\_\_ alcoholic beverages a week. I **do/do not** use recreational drugs.

I am a **vegan/vegetarian**. I try not to use any prescription drugs. **Yes / No**

I have TMJ problems **Yes / No**.

**Procedures**

Have you had chiropractic treatment in the past? **Yes / No**

Did you like being adjusted? **Yes / No** Would you prefer not to be adjusted? **Yes / No**

Which method of adjusting did you like the best?

**Manual - Instrument - Drop Table - Don't Know**

**Surgical Procedures**

I have/had: (circle all that apply)

Demand pace maker	Total Knee Replacement Rt./Lt.	Cervical Fusion
Total Hip Replacement Rt./Lt.	Lumbar Spine Surgery	Hysterectomy

Please list all other procedures and surgeries:

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**For Females**

Are you currently pregnant? **Yes / No**

Date of your last menstrual cycle: \_\_\_\_\_

How many children do you have \_\_\_\_\_

I have children under the age of 5 at home. **Yes / No**

**Medications and Supplements**

Please list all medications and supplements you are taking now. Feel free to attach a pre-written list.

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**INFORMED CONSENT**

Medical doctors, chiropractic doctors, osteopaths, and physical therapists that perform manipulation are required by law to obtain your informed consent before starting treatment.

I do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving movement of the joints and soft tissues. Physical therapy and exercises may also be used.

Although spinal, soft-tissue and extremity manipulation/adjustments are considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware the there are possible risks and complications associated with these procedures as follows:

Soreness/Bruising: I am aware that like exercise it is common to experience muscle soreness and occasionally bruising in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

