

Tim Melton, DC

Chiropractic First Visit & Medical History

Today's Date: / / Height _____ Weight _____

Reason For Visit _____

When did your symptoms appear? _____

Is this condition getting progressively worse? YES NO UNKNOWN

Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain) _____

Type of Pain: Sharp Dull Throbbing Numbness Aching Shooting
Burning Burning Tingling Cramps Stiffness Swelling

Other: _____

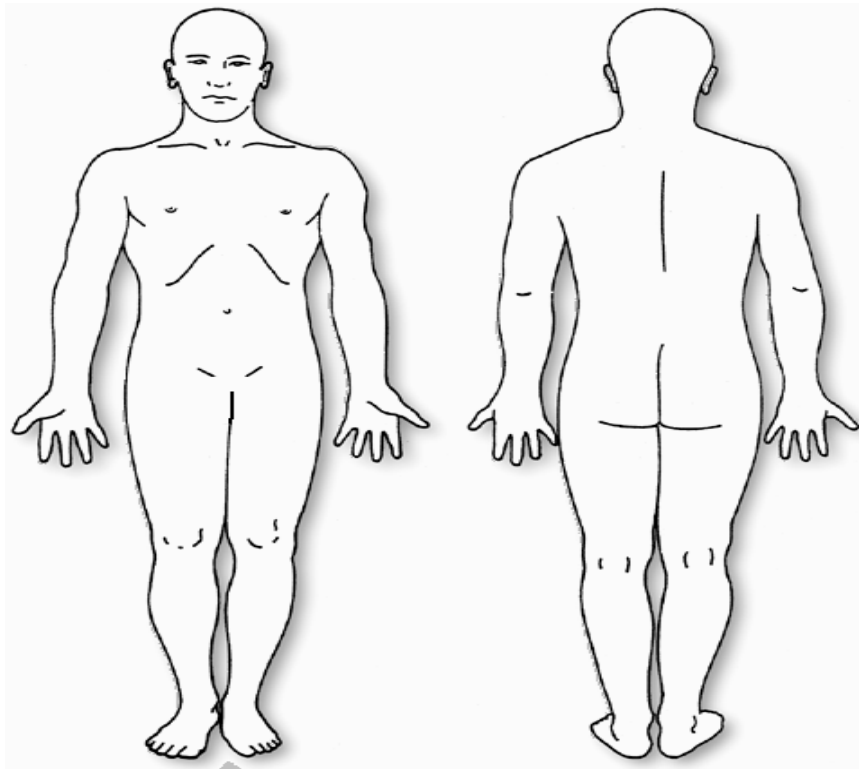
How often do you have this pain? _____

Is the pain constant in nature or does it come and go? _____

Does it interfere with your: Work Sleep Daily Routine Recreation

Activities or movements that are painful to perform: Sitting Standing Walking Bending Lying Down

Mark and X on the picture below where you continue to have pain, numbness or tingling



Patient History Continued

Medication

Please list any/all medications that you are taking:

ALLERGIES/REACTIONS:

Surgical History

Please list any past surgeries you have had and the dates:

Studies/Procedures

Please list any imaging studies that you have had for your current symptoms

Social History

Do you smoke? YES or NO how often: _____

Do you drink alcohol? YES or NO how often: _____

Marital Status: Single Married Divorced Widowed

Patient Health History

Have you ever had/do you currently have any of the following conditions: Please Circle?

AIDS/HIV	Arthritis	Headaches
Bleeding Disorders	Cancer	Diabetes
Emphysema	Heart Disease	Hepatitis
High Cholesterol	Kidney Disease	Liver Disease
Osteoporosis	Psychiatric Care	Rheumatoid Arthritis
Thyroid Problems	Stomach Problems	Hernia

Other: _____

Family History

Does anyone in your family suffer from any of the following: Circle One?

Have you ever had/do you currently have any of the following conditions: Please Circle?

AIDS/HIV	Arthritis	Headache
Bleeding Disorders	Cancer	Diabetes
Emphysema	Heart Disease	Hepatitis
High Cholesterol	Kidney Disease	Liver Disease
Osteoporosis	Psychiatric Care	Rheumatoid Arthritis
Thyroid Problems	Stomach Problems	Hernia

Other: _____