Labrecque Family Chiropractic PC

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CONSULTATION

Patient Name_____ DOB_____/_____/_____ Exam Date_____/_____/_____

Using **Black** or **Blue** ink, list the current conditions you marked on Page 3 of your New Patient Paperwork; in **order of severity**.

Chief Complaints: List in order of Severity *(Indicate if on Right side, Left Side, or Both)*	When did you first notice this complaint? (Use Weeks, Months, or Years.)	Did your symptoms appear? S=Suddenly G=Gradually	What makes your symptoms worse? (Specific examples: Lifting, Twisting, Bending, Sitting, Standing, Running, Walking.)	How often do your symptoms bother you? D=Daily C=Constantly W=Weekly 2x=2x/month M=Monthly	Rate your pain: 0=No Pain 5=Moderate Pain 10=Worst Pain
EXAMPLE: SHOULDER PAIN; RIGHT SIDE	3 WEEKS AGO	G	LIFTING; RUNNING	D	7

Doctors Notes:

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