WAYNE QUINN, D.C.

CONFIDENTIAL PATIENT HISTORY

Last Name:_____ First Name & Initial_____
Mailing Address_____ City_____ Postal Code_____
Birth date_____ Personal Health Care#_____
Referred by_____ Today's Date_____
Employer_____ Occupation_____
Home Phone #_____ Cell #_____ Work #_____
Would you like to receive appointment reminders via email or text? Yes No
Please circle your preference Email Text 2 days before 2 hours before
Marital Status_____ Children & Ages_____
Previous Chiropractor_____ Last Seen_____
Reason?_____ X-rays taken? Yes / No
Physician_____ Last Seen_____

Please provide details and dates:

Surgeries?_____
Medications?_____
Knocked Unconscious?_____
Auto accident (s)?_____
Work place accident (s)?_____
Broken Bones/Other Injuries?_____
Do you suffer from headaches? If yes, how often?_____
Do you wear heel lifts or arch supports? (Please circle)
Sleep habits? (Please circle) Back Stomach Side Varied
Forms of exercise?_____
What is your major complaint?_____
What are your secondary complaints?_____
How long have you had this condition?_____
Did this problem start suddenly or gradually? (Please circle)
What aggravates it?_____
What improves it?_____
Have you had this or anything similar to this in the past? Yes / No
If yes, when?_____ Is this condition becoming worse? Yes / No
Is it worse in the morning evening night-time? (Please circle)
Who else has treated this condition?_____
Please circle any areas where you experience any other problems:
Feet, ankles, knees, hips, low back, middle back, chest, neck, head,
jaw, shoulders, arms, elbows, wrists, hands, other_____

WAYNE QUINN, D.C.

Have you ever suffered from:

Blurry Vision
Dizziness
Sinus Trouble
Nausea
Asthma
Eye Pain
Heart Trouble
Ulcers
Pancreas/Diabetes
Hernia
Muscular Dystrophy
Multiple Sclerosis
Loss of Sleep

High/Low Blood Pressure
Ringing in the Ears
Cancer
Prostate
Ovaries/Uterus
Stroke
Poor Circulation
Allergies
Digestive Disorders
Gall Bladder
Nervousness/Depression
Frequent/Difficult Urination

Use the letters below to indicate type and location of your sensations right now.

A = ache P = pins & needles B = burning

N = numbness S = stabbing O = other