11 Maple Avenue
Greenwich, CT 06830
203-637-1111

greenwich wellness

Date: _____

Patient Number: _____

Whom may we thank for referring you to Greenwich Wellness? _____

Name: _____ Male: ___Female: ___ Date of Birth:_____

Address: _____City:_____Zipcode:_____

Preferred Phone: _____ Secondary Phone: _____

Email:_____

Relationship Status: _____ Partner's Name_____ Children: _____

What type of exercise do you perform on a daily basis? ___None ___ Moderate ___Heavy

What do your daily work habits include? (e.g. sitting, standing, light labor, heavy labor, computer work)

_____

Do you smoke? ___Yes ___No How much liquor to you consume on a weekly basis?_____

How much coffee or caffeinated beverages do you consume on a daily basis?_____

(For Women) Are you pregnant? ___Yes ___No

Please list all medications you are currently taking: _____

Allergies: _____

Are you currently experiencing any symptoms? ___Yes ___No

If Yes, please explain:

_____

_____

Where specifically is the problem(s) located? _____

Type of Pain: ___Sharp ___Dull ___Throbbing ___Numbness ___Burning ___Aching ___Shooting ___Tingling ___Cramps ___Stiffness ___Swelling ___Other:_____

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

Have you been treated by a chiropractor this year? ___Yes ___No

Have you seen a doctor for this condition? ___Yes ___No

Is this condition getting progressively worse? ___Yes ___No

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Have you suffered from:

___ Dizziness
___ Heart Trouble
___ Arthritis
___ Asthma
___ Nervousness
___ Digestive Disorders
___ Sinus Trouble
___ Diabetes
___ Headaches
___ Neuritis
___ Neck Pain
___ Backaches

Have you ever been in a car accident? ___Yes ___No

If Yes, please explain any injuries from the accident:

_____
_____
_____

List any surgeries you have had:

_____
_____
_____
_____

In your own words, what do chiropractors do?

_____
_____

What would you like to gain from coming to our office?

_____
_____

What additional health goals do you have?

_____
_____
_____

DOCTOR'S NOTES ONLY