



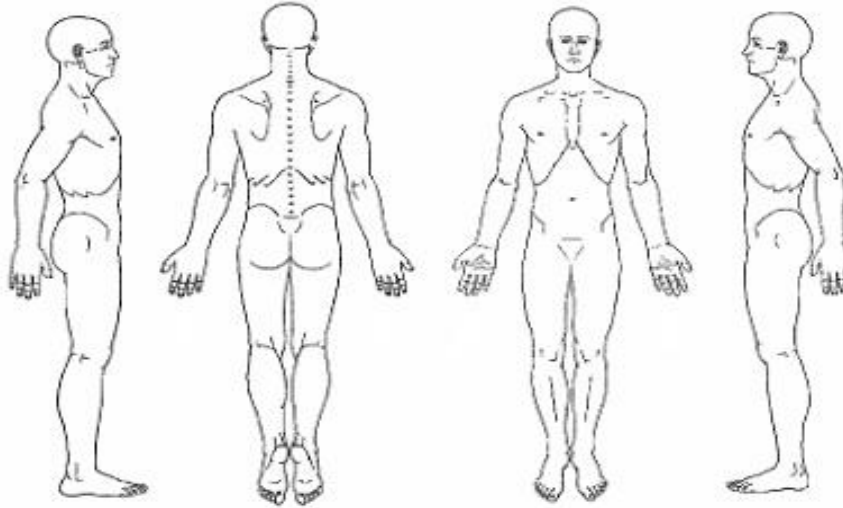
# **New Patient Intake**

Chief Complaint (mark "x" on diagram where you have pain and/or referral pain):



**DALBY  
METHOD**

CHIROPRACTIC  
SPORTS REHABILITATION  
WELLNESS



## ***History of Present Illness:***

Location: \_\_\_\_\_

Quality: \_\_\_\_\_

Severity (scale 1-10, 10 being the worst pain you have experienced): \_\_\_\_\_

Duration: \_\_\_\_\_

Timing: \_\_\_\_\_

Context: \_\_\_\_\_

Modifying Factors:\_\_\_\_\_

Associated Signs & Symptoms:\_\_\_\_\_

Additional Chief Complaint:\_\_\_\_\_

Have you ever been in an auto accident/trauma?\_\_\_\_\_

Have you ever been hospitalized?\_\_\_\_\_

Fractures/Broken Bones?\_\_\_\_\_

Any known allergies?\_\_\_\_\_

Are you currently taking any medications for your chief complaint?\_\_\_\_\_

Are you currently taking any medications for anything else?\_\_\_\_\_

Have you seen another health care professional for your chief complaint? If yes, who?

Have you had any imaging (x-rays or MRI) for your chief complaint?

Any additional comments or concerns that you would like to discuss?