



(352) 732 0200 • 801 NE 25th Avenue • Ocala, Florida • 34480

1 ABOUT YOU

Today's Date: ___ / ___ / ___

Patient Name: _____
LAST FIRST MIDDLE INITIAL

Birthdate: ___ / ___ / ___ Age: ___ SS#: _____ MALE FEMALE

Email Address: _____

Mailing Address: _____

CITY STATE ZIP

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Employer: _____ How long: _____ Ok to contact you at work: YES NO

Employer Address: _____

CITY STATE ZIP

How did you hear about us: _____

Friend (Please give their name, so we can thank them): _____

Status: MINOR SINGLE MARRIED DIVORCED SEPARATED WIDOWED

Spouse's Name: _____

Do you have children: YES NO How many: _____

What is your current weight: ___ LBS. Height: ___ FT. ___ IN.

2 INSURANCE INFO

Is this condition due to:

A work related injury? YES NO An automobile accident? YES NO

Do you have major medical health insurance? YES NO

Medicare# (if applicable): _____

Company Name: _____

Contract# (mbr, cust.#): _____

Insured's name (if other than self): _____

Relation: _____ Birthdate: ___ / ___ / ___

Insured's Employer: _____

(Please inform front desk if you have a 2nd insurance source)

____ INITIALS. I hereby authorize assignment of my insurance rights and benefits directly to Pitts Chiropractic for services rendered. I fully understand that I am solely responsible for any balance not paid by my insurance company.

PLEASE CONTINUE TO PAGE 2

3

ANALYSIS INFORMATION

Have you had previous chiropractic care? YES NO

Main Complaint: _____

Other Complaints: _____

How long have you had this condition? _____

Have you had similar condition in the past? _____

Does your pain radiate to other areas? YES NO If so, where? _____

What aggravates this condition? _____

Other Doctors seen for this condition? YES NO

List any medication you are currently taking: _____

Have you had any surgery, falls, or accidents? YES NO

When? Please describe: _____

For women: Are you pregnant? YES NO

Date of last menstrual period: ___ / ___ / ___

Does anyone in your family have a history of heart disease, stroke, diabetes, cancer or hypertension? If yes, please specify: _____

4

EMERGENCY

Whom should we contact: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Who is your medical doctor: _____

Phone Number: _____

PLEASE
CONTINUE TO
NEXT PAGE

In any case of abnormal posture, there is interference or damage being caused to your Central Nervous System. Please check any of the following you are currently experiencing:

NECK: Problems in your neck will weaken the nerves into your arms, hands and head and affect organs.

- HEADACHES
- STIFF NECK
- NECK PAIN
- EARACHE
- NERVE PAIN
- NUMBNESS/TINGLING IN ARMS/HANDS
- PAIN AROUND THE EYES
- PAIN IN ARMS/HANDS
- NERVOUSNESS
- WEAKENED GRIP
- ACNE OR PIMPLES
- PAIN IN SHOULDERS
- ADENOIDS
- ALLERGIES/HAY FEVER
- VISUAL DISTURBANCES
- HIGH BLOOD PRESSURE
- MIGRAINE HEADACHES
- RECURRENT COLDS/FLUS
- NERVOUS BREAKDOWNS
- CHRONIC TIREDNESS
- THYROID CONDITIONS
- DIZZINESS/FAINTING
- HEARING DISTURBANCES
- COLDNESS IN HANDS/FEET
- CHRONIC COUGH
- SINUS TROUBLE
- INSOMNIA
- SORE THROAT
- HEAD COLDS

UPPER BACK: Problems in your upper back will weaken the nerves to your heart and lungs and affect the organs.

- ASTHMA/WHEEZING
- COUGH
- BRONCHITIS
- SHORTNESS OF BREATH
- DIFFICULT OR PAINFUL BREATHING
- HEART ATTACKS/ANGINA
- HEART PALPITATIONS
- TACHYCARDIA
- HEART MURMURS
- POOR CIRCULATION
- INFLUENZA
- PNEUMONIA
- CONGESTION
- RECURRENT LUNG INFECTIONS/BRONCHITIS
- PAIN IN LOWER ARMS AND HANDS
- BLOOD PRESSURE PROBLEMS

MID BACK: Problems in your mid back will weaken the nerves into your ribs/chest and upper digestive track and other organs.

- MID BACK PAIN
- PAIN INTO YOUR RIBS/CHEST
- HEARTBURN/INDIGESTION
- HYPOGLYCEMIA
- KIDNEY TROUBLES
- CERTAIN TYPES OF STERILITY
- TIRED/IRRITABLE AFTER EATING OR WHEN YOU HAVEN'T EATEN FOR AWHILE
- NAUSEA
- ULCERS/GASTRITIS
- DYSPEPSIA
- HARDENING OF THE ARTERIES
- GAS PAINS
- CHRONIC TIREDNESS
- GALL BLADDER CONDITIONS
- JAUNDICE
- SHINGLES
- LIVER CONDITIONS
- FEVERS
- ARTHRITIS
- HIVES
- ALLERGIES
- ECZEMA
- PIMPLES/BOILS

LOW BACK: Problems in your low back will weaken the nerves into your legs/feet and pelvic/reproductive organs, bowel, bladder, and other organs.

- BACKACHES OR PAIN
- PAIN IN YOUR HIPS/LEGS/FEET
- POOR CIRCULATION IN THE LEGS
- COLDNESS IN YOUR LEGS/FEET
- SWOLLEN ANKLES WEAK ANKLES & ARCHES
- NUMBNESS/TINGLING IN YOUR LEGS/FEET
- MUSCLE CRAMPS IN LEGS/FEET
- WEAKNESS/INJURIES IN YOUR HIPS/LEGS/ANKLES
- CONSTIPATION
- DIARRHEA
- SOME RUPTURES OR HERNIAS
- DIFFICULT BREATHING
- MINOR VARICOSE VEINS
- SEXUAL DYSFUNCTION/IMPOTENCE
- RECURRENT BLADDER INFECTIONS
- PAINFUL/IRREGULAR PERIODS
- BED WETTING
- BLADDER TROUBLES
- MISCARRIAGES
- SCIATICA
- WEAKNESS IN LEGS
- COLITIS
- DYSENTERY

PLEASE
CONTINUE
TO BACK

