

Patient Update Form

Tracy & Keim Chiropractic, LLC
1000 River Rd
Eugene, OR 97404
Phone: 541.689.0935

Date _____

Name _____

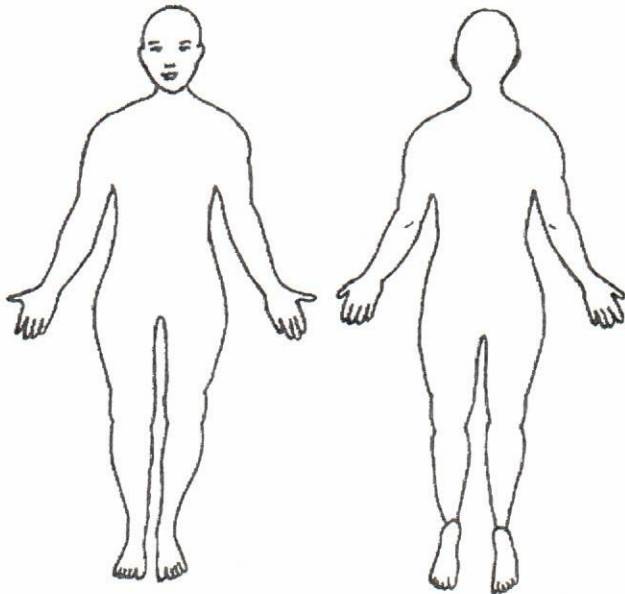
Address _____ City _____ State _____ Zip _____

Home/Cell. Phone (____) _____ W. Phone (____) _____

Sex: M F Other____ Date of Birth: _____ Age: _____

Employer: _____ Email: _____

Insurance change since last visit? _____ New Insurance: _____ ID# _____



Height: _____

Weight: _____

Blood pressure: _____
(If taken recently)

Please place an X or X's on the areas of the diagram that are bothering you. There is room to describe your pain quality, intensity and frequency on the following page.

Page 2, Name _____

1. Chief Complaint:

Location of Complaint:

Complaint began when and how?

Please circle the Quality of the complaint/pain: dull aching sharp shooting burning throbbing deep nagging other _____

Does this complaint/pain radiate or travel (shoot) to any areas of your body?

Where? _____

Do you have any numbness or tingling in your body? Where?

Grade Intensity/Severity (No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible pain/complaint imaginable)

How frequent is complaint present, how long does it last?

Does anything aggravate the complaint?

Does anything make the complaint better?

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of Chiropractic to provide me with chiropractic care, in accordance with this state's statutes.

Patient or Guardian Signature _____ Date _____