Brighi Chiropractic Center
7251 W 20th St. Bldg F
Greeley, CO 80634
970-330-5336

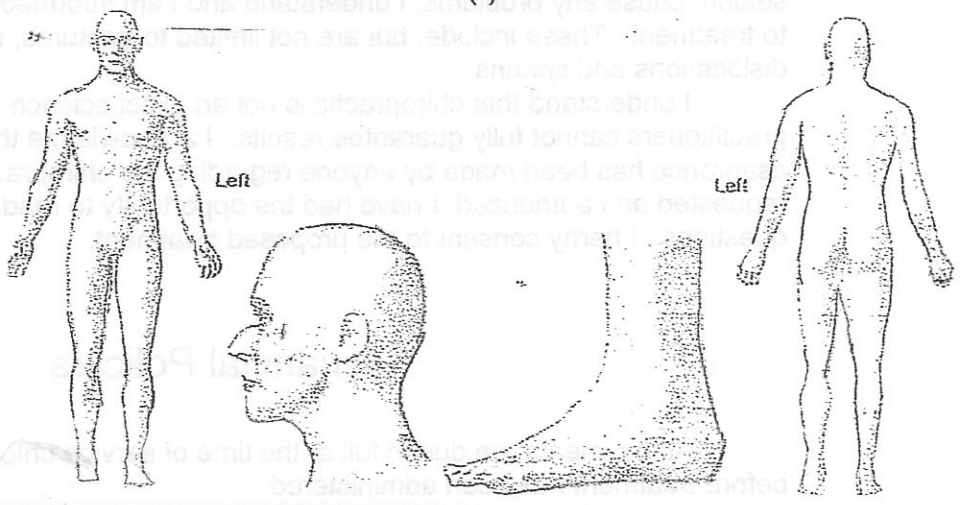
Health History

Name:_____ DOB:_____ Age_____
Address:_____ City:_____ Zip: _____
Home Phone:_____ Cell:_____ Work:_____
Email address:_____ Sex: M___ F___ Marital Status:_____
How were you referred to this Office?_____
Have you ever received Chiropractic care? _____ Where?_____ When?_____
Have you ever had spinal x-rays?_____ When?_____
Occupation:_____ Employer:_____
Emergency Contact:_____ Relationship:_____ Contact #_____

Chief Area of Concern:_____ Began? (Mo/Yr)_____ Previous episodes?_____
Does anything make the symptoms better?_____
Does anything make the symptoms worse?_____
Have you received care for this problem from any other doctor?_____

Please Rate your symptom level
0 NO PAIN
1
2
3
4
5 MODERATE
6
7
8
9
10 WORST PAIN IMAGINABLE
(Can Not Function)

Place an X over area(s) of Pain



Are your present problems due to an injury? Y___ N___ Auto_____ Work_____ Other_____
List any broken bones (fractures) or dislocations:_____
Please List and date ANY Surgeries:_____
Please List any medication or supplements:_____
List any other health conditions (ex.-diabetes, cancer, migraines, seizures, heart problems)_____

Habits		Exercise	Family History				
			Diabetes	Heart	Kidney	Cancer	Other
___ Smoking	packs/day___	None___	Mother ___	___	___	___	_____
___ Drinking	Alcohol___	Light Activity___	Father ___	___	___	___	_____
	Water/day ___	Active ___	Brother ___	___	___	___	_____
___ Caffeine	Cups/day___	Very Active___	Sister ___	___	___	___	_____

Patient/ Guardian Signature_____ Date:_____