Alternative Health Care Center of the Black Hills

RE-EXAM/UPDATE FORM

Name: Today's Date:

Mailing Address:

City: State: Zip Code:

Mobile Phone: Home Phone: Work Phone:

Date of Birth: Age: Marital Status:

Drivers License #: SSN: Spouse's Name:

Gender: ☐ M ☐ F E–mail (newsletters):

Patient's Employer/Business: Occupation:

Emergency Contact Person: Phone:

Known Allergies: Are you Pregnant? ☐ Y ☐ N

Previous Chiropractic Care? ☐ Y ☐ N If yes, date of last appointment:

Present Complaint(s):

When did it begin? Is it getting: ☐ better ☐ worse ☐ staying the same

Please rate your pain intensity on a scale of 0-10 (0=no pain, 10=most severe):

I have difficulty with: ☐ lifting ☐ walking ☐ standing ☐ sitting ☐ sleeping ☐ Other:

Have you ever been treated for this condition in the past? ☐ Y ☐ N

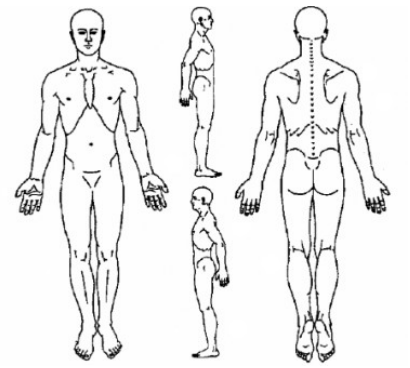
Please list any illnesses, injuries, surgeries, hospitalizations, or changes in your medical status since your last visit:

Please list any prescription & over the counter medications you are currently taking:

DO YOU HAVE INSURANCE? ☐ Y ☐ N Company: Policy Group Number:

ID Number: Cardholder's Name: SSN: DOB:

PAIN DIAGRAM: Please mark the location(s) of your pain on the figures below:



I understand and agree that health and accident insurance policies are an arrangement between the insurance company and myself. Furthermore, I understand that this office will submit charges, reports and forms to assist in the collection from the insurance company, and I understand that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co–issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

Patient Signature: **Date:**

Patient Name: _____

1. In general, would you say your health is: (choose one)

(1) ☐ Excellent (2) ☐ Very Good (3) ☐ Good (4) ☐ Fair (5) ☐ Poor

2. Compared to one year ago, how would your rate your health in general now? (choose one)

(1) ☐ Much better now than one year ago
(2) ☐ Somewhat better now than one year ago
(3) ☐ About the same
(4) ☐ Somewhat worse now than one year ago
(5) ☐ Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

5. Lifting or carrying groceries:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

6. Climbing several flights of stairs:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

7. Climbing one flight of stairs:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

8. Bending, kneeling, or stooping:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

9. Walking more than a mile:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

10. Walking several blocks:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

11. Walking one block:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

12. Bathing or dressing yourself:
(1) ☐ Yes, limited a lot (2) ☐ Yes, limited a little (3) ☐ No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

13. Cut down the amount of time you spent on work or other activities: (1) ☐ Yes (2) ☐ No

14. Accomplished less than you would like: (1) ☐ Yes (2) ☐ No

15. Were limited in the kind of work or other activities: (1) ☐ Yes (2) ☐ No

16. Had difficulty performing the work or other activities (took extra effort): (1) ☐ Yes (2) ☐ No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

17. Cut down the amount of time you spent on work or other activities: (1) ☐ Yes (2) ☐ No
18. Accomplished less than you would like: (1) ☐ Yes (2) ☐ No
19. Didn't do work or other activities as carefully as usual: (1) ☐ Yes (2) ☐ No

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(1) ☐ Not at all (2) ☐ Slightly (3) ☐ Moderately (4) ☐ Quite a bit (5) ☐ Extremely

21. How much bodily pain have you had during the past 4 weeks?

(1) ☐ None (2) ☐ Very mild (3) ☐ Mild (4) ☐ Moderate (5) ☐ Severe (6) ☐ Very Severe

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(1) ☐ Not at all (2) ☐ Slightly (3) ☐ Moderately (4) ☐ Quite a bit (5) ☐ Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks... (choose one number on each line)

	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
23. Did you feel full of pep?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
24. Have you been a very nervous person?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
25. Have you felt so down in the dumps that nothing could cheer you up?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
26. Have you felt calm and peaceful?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
27. Did you have a lot of energy?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
28. Have you felt downhearted and blue?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
29. Did you feel worn out?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
30. Have you been a happy person?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐
31. Did you feel tired?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐	(6) ☐

32. During the past 4 weeks, how much of the time has your physical health or emotional health problems interfered with your social activities (visiting with friends, relatives, etc.)?

(1) ☐ All of the time (2) ☐ Most of the time (3) ☐ Some of the time (4) ☐ A little of the time (5) ☐ None of the time

How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't Know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people.	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
34. I am as healthy as anybody I know.	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
35. I expect my health to get worse.	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
36. My health is excellent.	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐

Patient Signature: Date: