



CHIROPRACTIC INTAKE FORM

Name _____ Date of Birth _____

Chief Complaint #1

PROVOKING (what activities aggravate your injury) -Circle-
Sitting / Standing / Lying / Walking / Reaching / Bending / Other

PALLIATIVE (what makes it feel better) -Circle-
Ice / Heat / Lying / Pain Med. / Stretching / Other

QUALITY (describe the pain) -Circle-
Sharp / Electric / Burning / Stabbing / Aching / Deep / Other

Any sensations **radiating** into the following? -Circle-
Arms / Legs / Forearm / Hands / Buttock / Thighs / Foot / Shoulder / Shoulder Blades

Describe the radiating -Circle-
Sharp / Dull / Tingling / Numbness / Prickling / Other

Please rate your pain:

On a scale of 0 - 10 with 0 being no pain and 10 pain that prevents ALL activities _____

PATTERN (time of day most aggravated) -Circle-
Early Morning / Mid-Day / Late Eve / After Work / After Exercise / Other

Chief Complaint #2

PROVOKING (what activities aggravate your injury) -Circle-
Sitting / Standing / Lying / Walking / Reaching / Bending / Other

PALLIATIVE (what makes it feel better) -Circle-
Ice / Heat / Lying / Pain Med. / Stretching / Other

QUALITY (describe the pain) -Circle-
Sharp / Electric / Burning / Stabbing / Aching / Deep / Other

Any sensations **radiating** into the following? -Circle-
Arms / Legs / Forearm / Hands / Buttock / Thighs / Foot / Shoulder / Shoulder Blades

Describe the radiating -Circle-
Sharp / Dull / Tingling / Numbness / Prickling / Other

Please rate your pain:

On a scale of 0 - 10 with 0 being no pain and 10 pain that prevents ALL activities _____

PATTERN (time of day most aggravated) -Circle-
Early Morning / Mid-Day / Late Eve / After Work / After Exercise / Other

Please mark where you pain is located. Use the following key:

B = Burning
S = Stabbing
A = Aching

N = Numbness
P = Pins and Needles
O = Other

