The Power That Made the Body Heals the Body
Jones Chiropractic
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For Office Use Only
Acct#_____
Claim#_____

Consultation Form

Patient's Name: _____ Date: _____

Primary Complaint(s): _____

_____

Please circle the appropriate responses:

Overall Frequency of Complaint: (circle one please)

Constant-100% of the time **Frequent**-75% **Intermittent**-50% **Occasional**-25%

Overall Intensity of Complaint: (circle one please)

Minimal (An annoyance but has no effect on activity) **Moderate** (Tolerable with marked impairment of activity)

Slight (Tolerable with some impairment to activity) **Severe** (Intolerable and cannot perform any activities)

Is your problem affecting any other area of your body? If yes, explain:

_____

Does it interfere with your normal daily activities (Family, recreation, sports)? _____
How? _____

Have you missed any work due to your current condition? If yes, please give dates involved:

_____

_____

If this went without being taken care of, how do you think it would affect you? _____

_____

Any further questions or concerns? _____

_____ _____
Patient's Signature Date