

Blackstone Chiropractic Clinic
Edward P. Olff, D.C.
5665 N. Blackstone Ave. #107
Fresno, CA. 93710

UPDATE

In order for us to best serve you, we must have all available information regarding your present health. To bring our original case history and our files up to date, would you please provide us with the following information?

Name: _____ Date: _____

Check here if all of the information below has not changed since your last visit to the clinic, or only what I have

Address: _____ City: _____ State: _____ Zip _____
Telephone number (Home): _____ (Cell) _____ (work): _____
Social Security #: _____
Your Occupation/Employer: _____
Spouses Name and Occupation: _____
e-mail address: _____

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1. Location of pain(s): _____
2. How did this happen? When did it start? _____
3. What does the pain feel like? Ache Sharp Burn Throb Shooting Electric Other _____
4. Does the pain radiate? Yes No Where? _____
5. How bad is the Pain on a 0-10 scale (0 = no pain; 10 = suicidal pain)? _____
6. Is the pain: ___ Constant 100%? ___ Frequent 75%? ___ Intermittent 50%? ___ Occasional 25%
7. What makes the pain worse? _____
8. What makes the pain better? _____
9. Recent surgery? Type and date: _____
10. Recent car crash? YES NO Date? _____,
What happened? _____
11. Recent Injury? Type and date: _____
12. Do you have insurance? ___ YES ___ NO Company? _____
13. "Since I last saw you, I have been to see Dr _____
for _____."

Smoking Status (circle only one) Current smoker Smoking start date: _____ End date: _____
Current some day smoker
Former smoker In an effort to quit smoking,
Never smoker I am currently taking: _____