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

DO YOU HAVE A PACEMAKER? Yes No ARE YOU PREGNANT? Yes No

Do you have any allergies to medication? Yes No

If yes please indicate the following:

Allergy: _____ **Allergy:** _____
Reaction: _____ **Reaction:** _____
Start date: _____ **Start date:** _____
End date: _____ **End date:** _____

Are you currently taking any new medication since your last visit? Yes No

If yes, please indicate the following:

Medication: _____ **Medication:** _____
Route: **Oral** **Route:** **Oral**
Intravenous **Intravenous**
Other: _____ **Other:** _____
Frequency: _____ **Frequency:** _____
Start date: _____ **Start date:** _____
End date: _____ **End date:** _____

Do you have any of the following symptoms right now? (Check all that apply.)

	Muscle pain		**Joint swelling**		**Dizziness**		**Tingling**
	Muscle weakness		**Spinal curvature**		**Headache**		**Numbness**
	Muscle cramping		**Stiff neck**		**Imbalance**		**Fainting**
	Joint stiffness		**Soreness**		**Loss of sensation**		**Stress**
	Joint tenderness		**Head heaviness**		**Loss of coordination**		**Weakness**

Does this problem affect your ability to:

____ **Work? Why?** _____

____ **Dress or wash? Why?** _____

____ **Do housework/yard work? Why?** _____

____ **Sit/drive? Why?** _____

____ **Sleep? Why?** _____

____ **Play sports? Why?** _____

____ **Socialize? Why?** _____

____ **Other?** _____

Patient Signature: _____ **10/17**