



Kennoth Marvin D., C.C.P.



36530

DC Patient Intake Form (version 1.1)

www.palladianhealth.com/members



Last name																First name														
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PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ● )

1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.

- Neck
- Upper/mid back
- Lower back
- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Knee
- Ankle
- Foot
- Headache
- Other

2. When did this problem first begin?

- Less than 1 month ago
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 1 year ago

Has this problem...	No	Yes
3. ... resulted from a work injury (i.e. workers' compensation insurance claim)?	<input type="radio"/>	<input type="radio"/>
4. ... resulted from a motor vehicle accident (i.e. no fault insurance claim)?	<input type="radio"/>	<input type="radio"/>
5. ... recently been evaluated by a medical doctor?	<input type="radio"/>	<input type="radio"/>
Since this problem began, have you noticed...	No	Yes
6. ... so much weakness in both your arms that you are unable to lift them?	<input type="radio"/>	<input type="radio"/>
7. ... so much weakness in both your legs that you are unable to walk without help?	<input type="radio"/>	<input type="radio"/>
8. ... difficulty controlling your bowel or bladder, or have you been unable to urinate?	<input type="radio"/>	<input type="radio"/>
9. ... pain in your chest, shortness of breath, or coughing up blood?	<input type="radio"/>	<input type="radio"/>
10. ... that one leg felt more warm, more swollen, more red, or more tender than the other?	<input type="radio"/>	<input type="radio"/>
Have you recently...	No	Yes
11. ... had blurred vision, double vision, dizziness, or fainting?	<input type="radio"/>	<input type="radio"/>
12. ... had any type of infection, fever, or chills?	<input type="radio"/>	<input type="radio"/>
13. ... had any type of surgery, surgical procedure, or medical procedure?	<input type="radio"/>	<input type="radio"/>
14. ... lost a lot of weight without really trying to (i.e. without being on a diet)?	<input type="radio"/>	<input type="radio"/>
15. ... had any type of accident, fall, or trauma?	<input type="radio"/>	<input type="radio"/>
Have you ever...	No	Yes
16. ... been diagnosed with cancer?	<input type="radio"/>	<input type="radio"/>
17. ... been diagnosed with osteoporosis (i.e. weak, soft, or brittle bones)?	<input type="radio"/>	<input type="radio"/>
18. ... been diagnosed with a weakened immune system?	<input type="radio"/>	<input type="radio"/>
19. ... used any injected drugs (i.e. non-prescription drugs)?	<input type="radio"/>	<input type="radio"/>
20. ... used steroids such as prednisone for more than 4 weeks?	<input type="radio"/>	<input type="radio"/>
Is this problem something that ...	No	Yes
21. ... you've had before?	<input type="radio"/>	<input type="radio"/>
22. ... generally gets worse (i.e. more severe or frequent) with movement, activity, or exercise?	<input type="radio"/>	<input type="radio"/>
23. ... generally gets better (i.e. less severe or frequent) with rest?	<input type="radio"/>	<input type="radio"/>
24. ... was recently examined with diagnostic imaging tests such as x-rays, MRI scan, or CT scan?	<input type="radio"/>	<input type="radio"/>
25. ... is also being treated by a health professional other than a chiropractor?	<input type="radio"/>	<input type="radio"/>

Service Date:  /  /   
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