

Northern Lights Chiropractic Chief Complaint Form

Please fill this form out in as much detail as possible. By filling this form out now you will save considerable time on your first visit. We will not discuss this information on your visit, therefore be as thorough as possible, if you need to use the backside of this form please do so.

What, if any health concern made you schedule an appointment? _____

How long have you had this problem? _____

Has it gotten better, stayed the same or gotten worse since it started? _____

Do you recall an accident or any kind of trauma that could have caused the problem? If yes please explain. _____

Is there any kind of movement or position that makes the problem worse? _____

What have you tried on your own to help the problem (ie. Physical therapy, massage...)?

Please describe exactly how your problem feels, (ie. Sharp, dull, throbbing etc...) does it travel any where, (does it go into your arms, legs etc...) _____

Have any of your daily activities been affected by this problem? _____

Is there any thing you wish to add about your condition that was not asked above?
