



Blue Hills Chiropractic Re Exam Form

1320 2nd Ave, Cumberland, WI 54829 • 715-822-2500 • www.bluehillschiropractic.com

Name: _____ Date: _____
Last seen at this clinic: _____
Address: _____ City: _____ State: _____ Zip code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Employer: _____ Occupation: _____ Work Phone: _____
Marital Status: M S W D Spouse: _____
Primary Insurance: _____ Secondary Insurance: _____

History of Present Illness

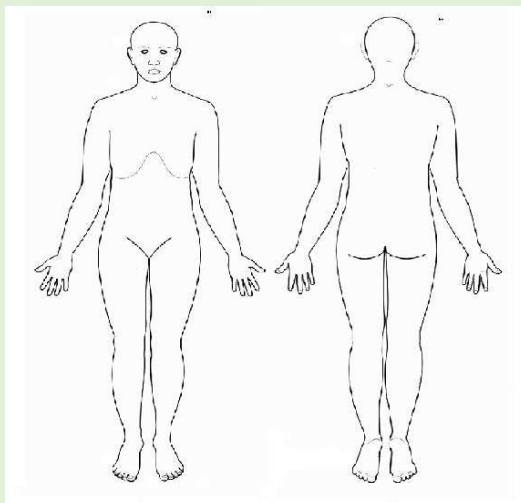
Is this for a new or existing condition? _____

Chief Complaint: _____

Date symptoms began: _____ Due to: Auto Work Other: _____

Indicate where & type of pain

Ache >>>>
Numb ====
Pins & Needles ooo
Burn XXX
Stabbing ////
Throbbing ~~~
Radiating Pain, use arrows



DOCTOR USE ONLY

Setting: AM
MIDDAY
PM

Progression: WORSE
BETTER
SAME

CONSTANT _____
COME & GO _____

Please Rate your current pain:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

What makes this pain worse: _____ What makes this pain better: _____

Since we saw you last, have you seen any other health care providers for this complaint? Y N

If yes, who: _____ Were X-Rays or other imaging taken? _____

Since we saw you last have you:

Y N Had any changes to your current medications or supplements? _____

Y N Tried any other forms of care? _____

Y N Had any surgeries, traumas, or hospitalizations? _____

Y N Been diagnosed with any new conditions or diseases? _____

Y N Made any changes to your diet or exercise regimen? _____

I certify the information provided is accurate to the best of my knowledge. I authorize the doctor to examine and treat my condition as she deems appropriate through the use of chiropractic care.

Patient Signature: _____ Date: _____