Richard De Carlo
Doctor of Chiropractic

CASE HISTORY

DATE_____

NAME_____

ADDRESS _____CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____SOCIAL SECURITY NO. _____

HOME PHONE_____WORK PHONE_____MARITAL STATUS_____

SPOUSE'S NAME _____

CHILDREN'S NAMES AND AGES _____

_____

NAME OF EMPLOYER _____OCCUPATION _____

HOW LONG EMPLOYED _____WHO REFERRED YOU _____

PLEASE DESCRIBE YOUR MAJOR COMPLAINTS AND SYMPTOMS _____

WERE THEY CAUSED BY A STRAIN? ____ STRESS? ____ FALL? ____ OVERUSE? ____

EXERCISE? ____ WORK RELATED? ____ AUTO ACCIDENT? ____ UNKNOWN? ____

WHEN DID THIS OCCUR? _____REOCCURRING CONDITION? _____

ANY FAMILY HISTORY OF THIS CONDITION?_____

HAVE YOU BEEN TREATED BY ANOTHER DOCTOR FOR THIS CONDITION? _____

M.D. ____ D.O. ____ D.C. ____ NAME OF DOCTOR _____

DIAGNOSIS _____TREATMENT _____

WERE X-RAYS TAKEN? _____WHEN? _____LENGTH OF TIME UNDER HIS/HER CARE?_____

RESULTS _____

WHAT ACCIDENTS/FRACTURES HAVE YOU HAD? (INCLUDE DATES)_____

WHAT MAJOR SURGERY HAVE YOU HAD? (INCLUDE DATES) _____

LIST ANY MEDICATIONS YOU ARE PRESENTLY TAKING _____

WITHIN THE LAST 6 MONTHS? _____