KONDONIS BARNING BARNING PROBATION	OTHER DESIGNATION OF THE PERSON OF THE PERSO				stroom at roadt offo t			or symptom listed.		- Pievi	ously 🛭 Presently.
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Never Previou	CENED	AL CVESTORS	Never Previously Presently	CACTO	O INTECTINAL	Never Previously Presently	FILE OF A	rance return ar	Never Previously Presently		
2 & & & & & & & & & & & & & & & & & & &		AL SYMPTOMS	žāš		O-INTESTINAL	2 4 4	EYE/EA	R/NOISE/THROAT			
ччч	995.3	Allergy (What)		787.3 789.0	Belching/Gas/Bloating Abdominal Pain		493.9 378.9	Asthma Crossed Eyes		786.50 786.2	Chest Pain
000	490	Bronchitis		564.0	Constipation		389.9	Deafness		786.09	Chronic Cough Difficulty Breathing
	780.9	Chills		787.91	Diarrhea		388.70	Earache		786.3	Spitting Blood
	780.39	Convulsions		783.6	Excessive Eating		388.60	Ear Discharge		786.4	Spitting Phlegm
	780.4	Dizziness		575.9	Gall Bladder Trouble		388.30	Ear Noises			
	780.2 780.79	Fainting Fatigue		455 782.4	Hemorrhoids (piles) Jaundice		240.9 460	Enlarged Thyroid Frequent Colds		GENITO	-URINARY
	780.6	Fever		794.8	Liver Trouble		477	Hay Fever			
	784.0	Headache	000	787.02	Nausea	000	784.49	Hoarseness	aaa	788.36	Bed Wetting
	780.52	Loss of Sleep		536.9	Stomach Pain		478.1	Nasal Obstruction		599.7	Blood in Urine
	783	Loss of Weight	000		Poor Appetite		784.7	Nosebleeds		788.4	Frequent Urination
	799.2 729.2	Nervousness Neuralgia		536.8 787.03	Poor Digestion		379.91 368.9	Pain in Eyes		788.3	Lack of Bladder
	780.8	Sweats		578.0	Vomiting Vomiting Blood		368.9 461.9	Poor Vision Sinusitis		590.9	Control Kidney Infection
000	786.07	Wheezing	000	783.5	Excessive Thirst		462	Sore Throat		788.1	Painful Urination
	311	Depression		536.8	Indigestion		463	Tonsillitis		601.9	Prostate Trouble
				569.3	Rectal Bleeding		786.2	Persistent Cough			
							787.2 523.8	Difficulty Swallowing			
							523.8	Bleeding Gums			
	MUSCL	ES/JOINTS/BONES		CARDIC)-VASCULAR		SKIN O	R ALLERGIES		FOR WO	OMEN ONLY
	724.5	Backache		401.9	High Blood Pressure		680.9	Boils	000	625.3	Cramps or Backaches
	719.7	Foot Trouble			Low Blood Pressure		924.9	Bruising Easily		626.2	Excessive Flow
	550	Hernia		786.51	Pain Over Heart		701.1	Dryness		627.2	Hot Flashes
	719.1	Pain Between Shoulders			Poor Circulation Previous Heart		691.8 708.9	Eczema		626.4	Irregular Cycle
000	724.6	Painful Tail Bone		400	Trouble		698.9	Hives or Allergy Itching		634.9 625.3	Miscarriage Painful Periods
	723.9	Stiff Neck	000	785.0	Rapid Heart		782.0	Sensitive Skin	000		Vaginal Discharge
	781.9	Spinal Curvature		427.89	Slow Heart		782.1	Skin Eruptions		611.79	Lump in Breast
	719.0	Swollen Joints		436	Strokes				☐ Yes □		Pregnant at this time?
	781.0 782	Tremors/Twitching Arm Trouble		719.7 454	Swelling Ankles Varicose Veins				☐ Yes □	1 No	Have you had a
time time time	102	Ann nouble	كبينا ليسا ليسا	404	varicose veiris						mammogram? Last Pap Smear Date
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DATE				DA				DATE			
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		Tonsillectomy				ppended		A NEW SEAL AND		Hernia	à
		Gall Bladder			Fe	emale O	rgans			Thyroi	d
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CASE HISTORY

Name:Address:		Age: City:	Dat	ie:	Ca State	ise Num e:	ıber:
Phone:(H)(C)	2-marks (-1-marks)	Fax:		E-ma	ail:		
Date of Birth:	Sex: OMOF	Marital Sta	itus: 🔲 S 🕻	MOD	O O W	# of Ch	ildren:
Occupation:	Employer:		Telepho	one (Wo	rk)·		Fxt
Insured's Name:	Phone	•	Insi	ured's D	late of R	irth:	manufacture has At 1
Spouse's Name:	noncommunication and an annual	Snouse's	: Occupation	anodo D	alo or D	11 (117	the state of the foundation of the state of
Spouse's Employer:	1904 + 0.00 +	Spouse's	: Telephon	o (Mark	١.		
Past Chiropractic Care: Yes	No Whon?	Spouse s	Nama:	= (VVOIK)		
Poculto:	INO AALIGITE	Doctors	ivame:	*******************************			
Results:		Heterrea	Dy:	PATO - and a second of the last of the second of the secon			
Insurance Company:		lelephon	ie:			V	
Social Security Number:		Driver's License Number: Stat					State:
Spouse's Insurance Company:		Telephone:					
Spouse's Social Security Number		Spouse's Driver's License Number:					
Emergency Contact:	Relations	ship		Conta	ct Numb	oer	
Are your present problems due to an Has the accident been reported? Are you now or have you ever been Have you retained an attorney?	No 🗖 Yes 🗖 To Emplo disabled? (Service or W	oyer □ Auto (/ork)? □ No	Carrier □ C □ Yes Wh	Other: nen?		Why?	
Pain Symptoms: 1.		Began-(N	1o/Yr):	Pre	evious Ep	isodes:	
(in order of 2.		Began-(M	o/Yr)·	Previous E		inisodes:	
severity) 3.		Began-(M	lo/Yr):	Pre	Previous Episodes: Previous Episodes:		
		Dogan (ii	1001 11 9	I I C	wiods Ep	130000	
Please mark the intensity of your pain 0 - NO PAIN 10 - INTENSE PAIN Example	9 10 9 10 9 10	T-Ti	of pain on the lumbness ingling coreness	P-F A- <i>F</i>	gs using t Pain Ache Stiffness	Left	s listed below.
DOCTORS USE ONLY		7					
HABITS	EXERCISE None		Diale - t		HISTORY	0	0.1
☐ Smoking Packs/Day:	☐ None ☐ Light Activity		Diabetes	Heart	Kidney	Cancer	Other
☐ Drinking Alcohol:	☐ Moderate Activity	Mother					And advantage of the second se
☐ Caffeine Cups/Day:	☐ Active	Father	O				
t J Volumentum variations	☐ Very Active	Brother,# of:					
	☐ Elite Athlete						
E E & L / Par L / Par E C D D A	n on novommer	Sister,# of:	FALLOWIN			O	0
	D, OR DO YOU HAVE						
 □ 541 Appendicitis □ 480 Pneumonia □ 055 □ 390 Rheumatic Fever □ 045 Polio □ 011 Tuberculosis □ 033 Whooping Cough □ 239 □ 493.9 Asthma □ 346 	Measles Mumps Chicken Pox Diabetes Cancer	☐ 429.9 ☐ 240 ☐ 487 ☐ 511 ☐ 303.9 ☐ 099 ☐ 054.9	Heart Disea Goiter Influenza Pleurisy Alcoholism Venereal Dis Herpes		☐ 716 ☐ 345 ☐ 319 ☐ 724.2 ☐ 690 ☐ 042 ☐ 340	Lumba Eczen HIV P	sy I Disorder ago na

(OVER)