Discover Chiropractic

Dr. Kell Fullerton, D.C., A.S.T.P.

2110 S. Coast Hwy., Ste A, Oceanside, CA 92054

760.458.9000

Patient Name _____Birthdate_____

Current Complaints

N=Never, O=Occasionally, F=Frequently, C=Constantly

Does this problem: Wake you up at night? N O F C Prevent you from sleeping? N O F C

Cause nausea / dizziness / headache / vomiting? N O F C

Have you seen anyone else for his problem? Y N If yes, when? _____

What was the Diagnosis? _____

Are you taking any medication for this problem? Y N If yes, which one(s)? _____

Have you missed any work? Y N Dates:_____

Are you currently being treated for any other condition? Y N If yes, what and by whom?_____

_____

Have you had a recent cold, flu or other infection? Y N If yes, when _____ and has it gone away? Y N

Do you experience stomach pain / gas / bloating / constipation / diarrhea? Please explain: _____

_____

Do you feel stressed or overwhelmed? _____

What position do you sleep in at night? Side / Back / Stomach Do you sleep on a firm surface? Y N

Do you use a cervical pillow? Y N

Do you exercise on a regular basis? Y N If yes, what type of exercise and how often?

_____

Past Medical History

Have you ever had this or a similar problem in the past? Y N When? _____

What was the Diagnosis? _____

How was it treated? _____

By whom? _____

Did you respond well to care? Y N Were there any residuals? _____

Have you had any prior chiropractic/physiotherapy care? Y N When? _____

Have you ever been hospitalized for any reason? Y N What and when? _____

_____

Have you ever had any fractures? Y N

Explain: _____

Have you ever had a concussion? Y N How many? _____

Do you have any allergies? Y N What are you allergic to? _____

Are you currently taking any allergy medications? Y N

_____

Do you have any history, now or in the past, of having nausea, dizziness, or any other unusual sensations upon moving your head into certain positions? Y N What and when? _____

_____

Is there anything else we need to know about you and/or your condition? _____

_____

_____

_____