

Hessler Chiropractic
279 W Capac Road
Imlay City, MI 48444

P: (810) 724-0596
F: (810) 724-2247
Hesslerchiro.com

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Patient Questionnaire – Non-Accident

Patient Name: _____ Today's Date: ___/___/___

Date of Exam: ___/___/___ Provider: Dr. Joel Hessler New Patient Yes No

General Information Related to the Condition:

Approximately when did the conditions or symptoms begin to occur? ___/___/___

No particular condition or symptoms -- Just seeking general good health

Describe the conditions, symptoms or purpose of the appointment:

Additional Information Related to the Condition:

Describe your pain: Sharp Dull Stabbing Aching Radiating Burning Throbbing Numbness

What caused it?

What aggravates it?

What relieves it?

Has the Patient ever had the same or similar condition or symptoms previous to this most recent occurrence? Yes No

When? ___/___/___

Describe:

Please indicated any other healthcare providers who the Patient has seen for the condition or symptoms:

Name	Type of Licensure	Date of Last Visit
_____	_____	___/___/___
_____	_____	___/___/___

Have you missed work or school due to your injuries? Yes No

Do you smoke? Yes No Number of packs: _____

Do you drink alcohol? Yes No Number of Drinks _____

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Notes:

Medical History:

Have you ever been in our office before? Yes No

List any previous accidents (automobile, on the job injuries, slips, falls, sports, etc.) and provide the accident date:

- 1) _____ / ____ / ____
- 2) _____ / ____ / ____
- 3) _____ / ____ / ____

Surgeries/Hospitalizations:

Allergies (please list all):

List all medications you are now taking and why: _____