

# \_\_\_\_\_

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7116 Six Forks Road • Suite A • Raleigh, NC 27615

Referred by: \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

**OVERALL HEALTH**

- How would you rate your stress levels? (0= no stress, 10= high stress) \_\_\_\_\_
- Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_ What activity? \_\_\_\_\_
- Are you currently under another physician's care? \_\_\_\_\_ If so, for what?  
\_\_\_\_\_
- Please list any surgeries you've had.  
\_\_\_\_\_
- Have you seen a chiropractor before? \_\_\_\_\_ If so, when? \_\_\_\_\_
- Please list any accidents or traumas you've had.  
\_\_\_\_\_
- Do you have a pace maker or any other heart condition?  
\_\_\_\_\_

**CONDITION 1**

- Describe your symptoms. \_\_\_\_\_  
\_\_\_\_\_
- When did your symptoms start? \_\_\_\_\_ How does it feel? (ache, sharp, burn, etc.) \_\_\_\_\_
- What caused them? \_\_\_\_\_
- What makes you feel worse? \_\_\_\_\_
- What makes you feel better? \_\_\_\_\_
- Does the pain travel or spread? \_\_\_\_\_ If so, where? \_\_\_\_\_ Do you have any numbness? \_\_\_\_\_
- How much of the day do you experience symptoms? 0-25% 26-50% 51-75% 76-100% \_\_\_\_\_
- Have you had similar problems in the past? \_\_\_\_\_
- Have you seen any other physicians for this condition? \_\_\_\_\_
- What activities do you do that are currently difficult, that you would like to perform better?  
\_\_\_\_\_
- Is there anything else you would like to mention or discuss?  
\_\_\_\_\_

**CONDITION 2**

- Describe your symptoms. \_\_\_\_\_  
\_\_\_\_\_
- When did your symptoms start? \_\_\_\_\_ How does it feel? (ache, sharp, burn, etc.) \_\_\_\_\_
- What caused them? \_\_\_\_\_
- What makes you feel worse? \_\_\_\_\_
- What makes you feel better? \_\_\_\_\_
- Does the pain travel or spread? \_\_\_\_\_ If so, where? \_\_\_\_\_ Do you have any numbness? \_\_\_\_\_
- How much of the day do you experience symptoms? 0-25% 26-50% 51-75% 76-100% \_\_\_\_\_
- Have you had similar problems in the past? \_\_\_\_\_
- Have you seen any other physicians for this condition? \_\_\_\_\_
- What activities do you do that are currently difficult, that you would like to perform better?  
\_\_\_\_\_
- Is there anything else you would like to mention or discuss?  
\_\_\_\_\_