

Patient _____ Date _____ ID# _____

Social History Review and Causation Form M.D/ D.C _____

Marital Status: Married Divorced Single Separated Widowed

Date of birth: _____ **Patient's age** _____ **Number of children:** _____

Recreational Drugs: Never Occasional Often In the past Hx of IV drug use

Do you exercise: Regularly Moderately Occasionally Rarely Never

Do you want to weigh: More Less

Do you use alcohol: Never Rarely Occasionally Daily _____ drinks per day

Tobacco: Yes No Smoke _____ packs per day Dip/Chew _____ cans/packs per day
Pipe/Cigar _____ per day When did you quit using tobacco? _____

Hand Dominance: Left Right Ambidextrous

Current Employer: _____ Retired Disabled

Current Occupation: _____ Full Time Part Time

**** CHIEF COMPLAINT**** _____ Back pain _____ Neck pain _____ Arm pain _____ Leg pain _____ Headache

Other pain: _____

Did something happen that caused the pain? What? _____

Date Chief Complaint began to get worse _____

Has your complaint existed in the past? Yes No **If yes,** please check one of the following:

In the past One time Two times Three times Multiple times

My chief complaint: is improving is getting worse has stayed about the same is intermittent

Please list prior treatment for todays chief complaint and who administered the treatment:

Medication/Doctor _____

Xrays/Doctor _____

MRI/Doctor _____

CT/Doctor _____

Physical Therapy/Doctor _____

Chiropractic/Doctor _____

Other/Doctor _____

Doctors signature: _____ **Date** _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____ Date _____ ID# _____

Health History: Please select all choices that currently apply to you:

- Abdominal Pain, Allergies, Angina, Anorexia, Aortic Aneurysm, Arthritis, Asthma, Blood clots, Blood Disorder, Tuberculosis, Lung Disease, Colitis, Irregular Heart rate, Knee Pain, COPD, Diabetes, Wrist Pain, Dislocated Joint, Emphysema, Hip Pain, CAD, Rheumatoid Arthritis, Headaches, Heart Attack(s), Heart Disease/MI, Hepatitis A, Hepatitis B, Hepatitis C, High Blood Pressure, Ulcer, Prostate Problems, Rheumatic Fever, Acid reflux, Irritable Colon, Kidney Disease, Kidney Stones, Sickle Cell Anemia, Leg Pain, Liver Disease, Thyroid Disorder, Migraine, Traumatic Arthritis, Lower Back Pain, High cholesterol, Osteoporosis, Spinal Disc Disorder, STD's, Shoulder Pain, Osteoarthritis, Hay Fever, Chest Pain, Fibromyalgia, Scoliosis, Ankle Pain, Sinus Trouble, Stroke, Polio, Upper Back Pain, Neck Pain, Irregular Bowel, Cancer, Elbow Pain, Multiple Sclerosis, HIV/AIDS

Select all choices that apply to your family (please do not include relations by marriage):

- Headaches, Spinal Disc Disorder, Aneurysms, Thyroid Disorder, Blood clots, Osteoporosis, Stroke, Diabetes, Cancer, Migraine, Irregular Heart rate, Heart Disease/heart attack, Arthritis, Blood Disorder, Fibromyalgia, Heart Attack(s), Kidney Stones, Liver Disease, Scoliosis, Lung Disease, Kidney Disease, Sickle Cell Anemia, High Blood Pressure, CAD, Rheumatoid Arthritis

Who is your primary care physician? _____

Do you have? Heart doctor _____ Neurologist: _____

Please list any previous injuries and/or accidents with approximate dates: _____

Please circle your previous surgeries and list the year:

- Aneurysm repair, Appendix removal, Breast surgery, Cataract surgery R L, Gallbladder removal, Hysterectomy, Shoulder surgery R L, Pacemaker, Angioplasty, Back surgery, Cardiac bypass, Cesarean section, Hernia repair, Knee replacement R L, Sinus surgery, Other, Stents, Brain surgery, Carotid artery R L, Foot surgery, Hip replacement R L, Neck surgery, Tonsillectomy

Please list all allergies (include all medication, food, pollen, etc.):

Please list all prescription medications you are currently taking:

Please check all vitamins/supplements or over the counter meds you are currently taking:

- Aspirin, Fish Oil, Multi Vitamins, CoQ10, Mag, B12, Vit-D, Vit-C, Vit-E, Calcium, Other:

STOP HERE ! The remainder is for office use only.

Doctors signature: _____ Date _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____ Date _____ ID# _____

Chief Complaint: _____

Is pain interfering with sleep: Yes No _____

Extended History Chief Complaint 1

Area _____

Onset _____

Pain (Worse) walk sit rest bend ADL stand _____

(Better) rest walk stand supine meds _____

Qual. sharp burn dull ache tight spasm _____

Rad. UE right left LE right left _____

Severity @worst ___/10, present ___/10 _____

Timing const interm freq AM PM rest _____

Duration constant variable brief _____

Recent X-rays/MRI/CT _____

Other: _____

Extended History Chief Complaint 2

Area _____

Onset _____

Pain (Worse) walk sit rest bend ADL stand _____

(Better) rest walk stand supine meds _____

Qual. sharp burn dull ache tight spasm _____

Rad. UE right left LE right left _____

Severity @worst ___/10, present ___/10 _____

Timing const interm freq AM PM rest _____

Duration constant variable brief _____

Previous X-rays/ MRI/CT _____

Other: _____

Doctors signature: _____ Date _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____ Date _____ ID# _____

ROS: (unremarkable unless circled or marked)

Resp: Asthma COPD SOB Snore Sleep apnea CPAP Sinus: recurrent Allergies

Card: HTN MI CHF CAD Arrhyth Murm Valve DVT Pacemaker Echo Tread
Cath Blood Thinner Last EKG _____

Neuro: CVA TIA Seizure Migraine HA MS MD Peripheral neuropathy
Carpal tunnel Polio

GI: GERD Ulcer IBS Constipation Hiatal Hepatitis Cirrhosis Elev. LFT's

Renal: Insuff. Failure Stones UIT-freq chronic Hematuria BPH

Endo: DM I DM II Thyroid: hypo- hyper- Weight: loss gain

Musc: Arthritis: Os Rh Ps Go Fibromyalgia Scoliosis
Deg. Disc Dz.- C T L Osteoporosis Osteopenia

Other: Sleep disturb Depress Fatigue Anemia-sickle LMP: _____ BC _____
Cancer: _____ Chemo Radiation Psoriasis Athletes foot

Old chart reviewed: none reviewed

Recent lab: none reviewed

Recent x-rays: none ___requested old reports ___reviewed old reports

Recent MRI /CT: none ___ requested old reports ___reviewed old reports

Doctors signature: _____ **Date** _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____ Date _____ ID# _____

BP: _____ / _____ Pulse: _____ Weight: _____ Height: _____ Temp: _____ Male Fem Bla Cau Asi

NE	WNL	WD, WN in no acute distress
		Gait: shuffling limping with assistance nonambulatory support/walker cane wheelchair
		Mental status: partial time person place disoriented
		Speech: aphasic none
		General appearance: cachexia unkempt/disheveled Thinning eyebrows laterally
		HEENT: Schlera: icterus arcus senilis Conjunctiva: hyperemia pterygium ectropion chalazion styte
		Pupils: unequal not round nonreactive EOM: abnormal sub orbital edema
		Tympanic membranes: hyperemia perforation cerumen drainage lesions right left bilateral hearing aid
		Pharynx: hyperemia tonsillar hypertrophy post drainage lesions ulcers tongue: geographic scallops
		Dentition: dentures U L edentulous caries broken teeth amalgams/fillings
		Nares: Turbinates: pale hyperemic edematous lesions rhinitis: C W Y G Bld Septal deviation
		Neck: lymph nodes: A P enlarged shotty tender Carotids: right left bruit Thyroid: enlarged R L
		Heart: irregular rhythm abnormal rate ectopy murmur ___/6 sys dia rub click
		Lungs: BS: decreased unequal wheezes rales rhonchi stridor Oxygen: BNC ___/liters per min
		Abdomen: bowel sounds: hypo absent tender RUQ RLQ LUQ LLQ epi suprapubic rebound guarding
		mass enlarged liver spleen
		Skin: scars rashes lesions ulcers ecchymosis mass lacer. spider veins capillary breakage B carotenemia Area/Description:
		Pulses: unequal Rad___ Post tib___ Dor pedis___ Temp___ Pop___
		Peripheral vasc: deformities amputations Edema: RA LA RL LL pitting rashes venous stasis varicosities clubbing
		Cigarette stains hair loss Temperature change: increase decrease hyperemia Nails: Ha Feet Yellow Thick Ridges
		Musculoskeletal/Bones/Joints/Tendons: Tenderness: cervical thoracic lumbosacral extremity:
		Muscle spasm: cervical thoracic lumbosacral effusions scoliosis kyphosis nodules masses
		Range of motion: cervical restrict thoracic restrict lumbar restrict extremity restrict R L UE R L LE
		Neurological: Cranial nerves: II. Optic-light III. Occulomotor / IV. Trochlear VI. Abducens - look up, down, R,L V. Trigeminal- wink VII. Facial- smile VIII. Auditory- whisper, hearing aid IX. Glossopharyngeal- gag X. Vagus- talk, swallow XI. Accessory- shoulder shrug XII. Hypoglossal- tongue in cheek

Doctors signature: _____ **Date** _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____ Date _____ ID# _____

Plan:

- ___ Case discussed with patient ___ Spouse ___ Parent/Guardian Other _____ and He/She is agreeable to plan of care.
- ___ X-rays as above to rule out acquired or congenital abnormalities such as degenerative changes, compression fractures, avulsions or other.
- ___ Nerve conduction studies to look for objective signs of radiculopathy or to differentiate peripheral neuropathy from radiculopathy carpal tunnel syndrome, ulnar nerve entrapment or other
- ___ Will obtain MRI/ CT if NCS consistent with radiculopathy or if pain persists.
- ___ Schedule next visit for computerized ROM testing baseline

___ **Recommend chiropractic care**

___ **Recommend medical rehab to increase flexibility, range of motion and to strengthen supportive muscles:**

- ___ 3X/week for 4 weeks 2X/week for 4 weeks
- ___ Refer for spinal decompression trial/therapy: cervical lumbar
- ___ Evaluate for spinal decompression therapy: cervical lumbar
- ___ Order system-lock belt for use during decompression therapy to promote healing and after therapy for protection.
- ___ Pain medications discussed.
- ___ Patient declined pain medications
- ___ Continue current medications
- ___ Will add /or ___ Will refill:
- Medrol dose pack Use as directed #1pack Soma One tab po TID QID prn spasm #___
- Flexeril 10mg one po TID prn spasm #___ Robaxin 500mg 1-2 tab po q6 hours prn muscle spasm #___
- Lortab 5/500mg 1-2 po q 6 hours prn pain #___
- Lortab 7.5/500mg 1-2 po q 6 hours prn pain #___ Lortab 10/500 mg 1-2 po q 6 hours prn pain #___
- Norco 10/325mg 1-2 po q4-6 hours prn pain #___ Darvocet N-100 1-2 tabs po q 6 hours prn pain #___
- Tramadol 50mg 1-2 po q 6 hours prn pain (max 8 tab/24 hours)#___

___ **Side effects** of meds discussed. Pain medications may cause drowsiness, affect judgment. Patient should not drive or operate heavy machinery. Patient will be considered "under the influence" if driving, etc. Do not take medications on an empty stomach.

___ Potential side effects of medications discussed including but not limited to allergic reaction/anaphylaxis, nausea /vomiting, pruritis, liver toxicity and death

___ Recommend referral to: Neurology Neurosurgery Pain rehab Cardiology Orthopedic surgery Physical therapy
Other: _____

___ Plan injection _____

___ Handouts given: Healthy heart Leaky gut Antifungal Total health

___ **Follow-up with primary care provider. Patient is aware that I am not his/her primary care provider.**

___ **Follow-up as needed and in** ___ days ___ weeks ___ months

___ **See personalized instruction sheet**

Doctors signature: _____ **Date** _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____

Patient _____

Date _____

ID# _____

NEUROLOGICAL	737.0 Adolescent Kyphosis	SUBLUXATION/ SEG. DYSFUNCT.
337.21 RSD-UE	737.10 Kyphosis, Acquired	739.1 Seg. Dysfunc. Cervical
337.22 RSD-LE	737.20 Lordosis, Acquired	739.2 Seg. Dysfunc. Thoracic
351.0 Bells Palsy	737.30 Scoliosis, Idiopathic	739.3 Seg. Dysfunc. Lumbar
353.0 Brachial Plexus Disorder	737.34 Thoracogenic Scoliosis	739.4 Seg. Dysfunc. Sacral
353.1 L/S Plexus Disorder	738.4 Spondylolisthesis	739.5 Seg. Dysfunc. Pelvis
353.2 Cerv. Plexus Disorder		739.6 Seg. Dysfunc. Lower Extrem
353.3 Thoracic Plexus Disorder	FUNCTIONAL	739.7 Seg. Dysfunc. Upper Extrem
353.8 Intercostal Neuritis	719.58 C/T/LB Stiffness/Restriction	739.8 Seg. Dysfunc. Rib(s)
354.0 Carpal Tunnel Syndrome	728.2 Deconditioning Syndrome	739.9 Seg. Dysfunc. Abdomen
355.0 Sciatica w/o discopathy	728.4 C/T/LB Ligament Instab./Laxity	PAIN
355.5 Tarsal Tunnel Syndrome	728.5 Hypermobility	307.81 Tension Headache
722.10 Sciatica w/ discopathy	736.81 Unequal Leg Length	346.10 Migraine Not Intractable
723.0 Cerv.Lat.Canal Stenosis	781.92 Abnormal Posture (Pediatric)	346.11 Migraine Intractable
723.2 Cerv.Cranial Syndrome	843.8 Hip/Thigh Sprain/Strain	350.1 Trigeminal Neuralgia
723.3 Cerv.Brachial Syndrome	846.0 Lumbosacral Sprain	354.4 UE Causalgia
723.4 Cervical Radiculitis	847.0 Cerv Sprain/Strain-Hyper Flex/Ext	710.4 Polymyositis
724.02 Lumbar Lat. Canal Stenosis	847.1 Thoracic Sprain/Strain	722.81 C/S Postlaminectomy Synd
724.3 Sciatic Neuritis	847.2 LB Sprain/Strain-Hyper Flex/Ext	722.82 T/S Postlaminectomy Synd
724.4 Lumbar Radiculitis	847.3 Sacrum Sprain/Strain	722.83 L/S Postlaminectomy Synd
724.9 C/T/LB Nerve Root Injury	847.4 Coccyx Sprain/Strain	723.1 Cervicalgia
729.2 Neuralgia		724.1 Thoracalgia
782.0 Paresthesia	SOFT TISSUE	724.2 Lumbalgia
953.0 Cerv. Nerve Root Injury	728.85 Myospasms (general)	724.6 Sacroiliac Pain
953.1 Thoracic Nerve Root Injury	729.1 C/T/LB myofasciitis/myositis/myalg	724.79 Coccyx Pain
953.2 Lumbar Nerve Root Injury	EXTREMITIES	INJURY E CODES
953.3 Sacral Nerve Root Injury	524.63 TMJ Articular Disc Disorder	E812.0 MVA w/another vehicle (drive)
953.4 Brachial Plexus Injury	526.9 Jaw Pain	E812.1 MVA w/another vehicle (pass)
953.5 Lumbar Plexus Root Injury	726.0 Frozen Shoulder	E814.7 MVA w/Pedestrian (ped)
956.0 Sciatic Nerve Injury	718.8[] Instability of Joint	E815.0 MVA w/nonvehic. object (driv)
	719.4[] Pain in Joint	E816.0 MVA no collision(loss of cont)
	719.5[] Joint Stiffness/Restriction	E821.0 Off-road Vehic.Accid. (driver)
STRUCTURAL	723.5 Torticollis	E821.1 Off-road Vehic.Accid (pass)
714.0 Rheumatoid Arthritis	726.0 Adhesive Capsulitis Shoulder	E826.0 Pedal Cycle Accident (driver)
715.04 Arthritis Hand	726.10 Shldr.Rotator Cuff Syndrome	E826.1 Pedal Cycle Accident (pass)
715.09 Arthritis Multiple Sites	726.11 Shoulder Calcific Tendonitis	E880.0 Fall on or From Steps
715.11 Arthritis Shoulder	726.32 Elbow Lat. Epicondylitis	E883.0 Fall into hole /other opening
715.17 Arthritis Foot/Ankle	727.00 Elbow Tenosynovitis	E884 Fall from one level to another
718.9[] Joint Disorder/Facet Syndrome	727.05 Wrist Tenosynovitis	E885.0 Slip, Trip or Stumbling
720.0 Ankylosing Spondylitis	842.01 Wrist Sprain/Strain, Carpal	E886.0 Fall From Push/Shove
721.0 C/S Spondylosis w/o Myelopathy	842.02 Wrist Sprain/Strain Radio Carp.	E927.0 Overexertion/Strenuous Mvmt
721.1 C/S Spondylosis w/ Myelopathy	842.10 Hand Sprain/Strain	E929.0 Late effects of MVA
721.2 T/S Spondylosis w/o Myelopathy	729.5 Limb Pain	E929.3 Late Effects of Accid. Fall
721.3 L/S Spondylosis w/o Myelopathy	784.0 Facial Pain/Headache	ADDITIONAL CODES
721.41 T Spondylosis with Myelopathy	786.59 Chest Pain, unspec. pressure,	413.9 Angina
721.42 L Spondylosis with Myelopathy	786.50 Rib Pain	427.90 Arrhythmia
722.0 C/S Discopathy w/o Myelopathy	726.5 Psoas Tendonitis	V58.61 Anticoagulant therapy, chron
722.10 LB Discopathy w/o Myelopathy	727.09 Hip Tenosynovitis	427.31 Atrial fibrillation
722.11 Thor. Discopathy w/o Myelopathy	717.7 Chondromalacia Patella	726.[] Bursitis
722.4 Cervical Disc Degeneration	844.0 Knee Lat/Colat. Sprain/Strain	437.9 Cerebrovascular disease
722.51 Thoracic Disc Degeneration	844.1 Knee Med/Colat. Sprain/Strain	428.0 Congestive heart failure
722.52 Lumbar Disc Degeneration	844.2 Knee Cruciate Sprain/Strain	496 COPD
722.71 C/S Discopathy w/ Myelopathy	845.00 Ankle Sprain/Strain	414.0 Coronary artery disease
722.72 Thor. Discopathy w/ Myelopathy	845.10 Foot Sprain/Strain	250.00 Diabetes type 2
722.73 LB Discopathy w/ Myelopathy	727.06 Foot/Ankle Tenosynovitis	530.81 GERD
723.7 Ossification Post. Long Lig.	728.71 Plantar Fasciitis	401.1 Hypertension
724.01 Thoracic Spinal Stenosis	734 Pes Planus	244.90 Hypothyroidism
724.02 Lumbar Spinal Stenosis		V45.01 Pacemaker
733.0 Idiopathic Osteoporosis		356.90 Peripheral neuropathy
		440.29 Peripheral vascular disease

[5th digit required] 0= nonspecified 1=shoulder 2=upper arm 3=forearm 4=hand 5=pelvis/thigh
6=lower leg 7=ankle/foot 8= other site 9=multiple sites

Doctors signature: _____

Date _____

Scanned by: _____ Writepad entered by: _____ Diagnosis entered by: _____