Atlas Health Solutions / Thomas D. Kleinman, D.C. 1339 East Ocean Blvd., Stuart, FL

First Name	·	Last Name	
Birthdate	Age Sex	Marital Status S/M/\	N/D SS#
Address		City	St Zip
Home Phone	Work Phone		Cell Phone
Occupation	F	Employer	
Goal in consulting with the Doctor:	Temporary Relief	Lasting Correction	Let Dr. recommend best type of care
General Practitioner		Specialists	
Major Complaint			
What caused it? How did it start			
How long have you had these symptoms Percent of time with these symp			ime with these symptoms
Have you had a similar condition in the past Are symptoms getting worse			
Current Medications			
Describe the symptoms at their wo	rst		
Does anything alleviate the sympto	ms		
Difficulty in performing basic daily	activities: (check all that appl	y) bathing/showering	shaving dressing cleaning
Other			
Work: I just get through _	slower production	due to pain cannot	work at all Other
Activities that have become difficul	t or you cannot do		
Other doctors seen for these sympt	oms		
Mark any of the following symptom	ıs you experience, current	(C) or past (P).	Circle any areas of pain
Headaches Shoulder Problems Arm Problems Numb arms/fingers Pain between shoulders Low back problems Leg problems Numb legs/toes Loss of feeling Stiff joints Painful joints	Memory Problems Mental/Emotion Depression Anxiety Insomnia/Fatigue Vision problem Ear Infection Walking problem Hearing loss Frequent colds Diarrhea	Allergies Hay Fever Asthma Heart Problems (Angina, MI, CAD, COPD, CHF) Blood Pressure H/L Kidney Problem Ulcers Indigestion or Nausea Eczema Constipation Broken bones Menstrual cramps	
Rate the severity of our pain 0-10_	Have you had s	surgery or been hospitalize	d
When did you last see a chiropracte	or? Name?	Date	e of last spinal x-ray
Family History: List any condition	ns affecting your family		
Is there any chance you are pregna	nt at this time		
ADL: Restricts daily activiti	es Restricts regu	ılar exercise Diffic	ulty walking/standing/sitting Other
Trauma from birth to present: In	njuries/Falls/Car or Bike A	Accidents/Other	
I give Atlas Health Solutions and its	representatives, permiss	ion to communicate to me	via the contact information above.
Cignatura		Date	