

Dr. Nancy Trimboli · 12732 Wicker Ave · Cedar Lake, IN 46303 · 219-374-4144

New Patient Form

This information is confidential. If we do not sincerely believe your problem will respond favorably we will not be able to accept you case. We will refer you to disciplines we believe will help you. In order for us to understand your health problems properly, please complete this form neatly, accurately and to its entirety.

Name:	Nickna	ame: Contact Information:
SSN:	Age: Birth Date	e: Email:
		Cell #:
		us: S M W D Children: Home #:
		Office Phone:
Work Address:	City	z:State:Zip:
Name of Wife/Husband/	Parents:	Occupation:
Employer:		Office Phone:
in case of emergency, co	ntact:	Phone:
How did you hear about	us?	
2	, injuries and duration.	
·	ed to a RECENT car/work accident? [□]	Yes "No If yes, please see receptionist. ries:
Name:		When consulted & length:
Diagnosis:		Treatment:
Present Family Doctor_		Date of last exam
Past Health History		
What surgeries have you	u had?	
List former serious accid	dents and falls: (auto, work, home, le	isure, sports, other) What/When/Symptoms/Treatment/Results

List broken bor	ies:					
What/	'When/Remarks_					
List medication	s and/or dietary s	upplements:				
Frequency/Doo	tor/Side Effects/R	lemarks				
Do you have ar	ny diagnosed cond	litions?				
Environment						
Do any of your	daily activities co	ntributeto your p	resent condition?_			
Job/ Commute						
Home Activities	5					
Hobbies/ Sport	s/ Recreation					
If you have disc	continued sports o	or strenuous activi	ties, why the chan	ge?		
Do you exert yo	ourself-Frequently	//Occasionally/Rai	ely/ Never? Descr	ibe how?		
		Please Comple	te for All Patients	10 years old and	YOUNGER	
Chiropractic ca	re during pregnar	ncy		Problems Durin	ng Pregnancy	
Type of birth: N	IormalVagin	alForceps	BreechCe	sareanBirth to	ook place: At home	Hospital
Problems durin	g labor/ delivery_				Drugs during d	elivery
Obstetrician/m	idwife		Pediatric	ian/ Family MD		
Immunization h	nistory					
Purpose of this	appointment					
Has your child	been treated on a	n emergency basi	s? Yes No Descril	be		
Childhood dise	ases:_Chicken Pox	_Mumps_Measles_	Whooping Cough	Rubella (German N	Лeas;es)	
Medications (in	nclude non-prescr	iptions)				_
Surgeries						
Has your child	ever been involve	d in a car accident	? Yes No	Were	they injured? Y	es No
Explain						
Has your child	ever suffered fror	n:				
Dizziness	Muscle Jerking	Bed Wetting	Convulsions	Bronchitis	Tuberculosis	Backaches
Heart Trouble	Broken Bones	Neck Problems	Digestion issues	Hypertension	Anxiety	Arthritis
Runs unevenly	Colds/flu	Poor Appetite	Anemia	Diarrhea	Constipation	Paralysis
Hyperactivity	Hypoglycemia	Sleeplessness	Violent Activity	Fainting	Diabetes	Asthma
Allergies	Growing Pains	Headaches	Neuritis	Ruptures/hernia	Chronic earaches	Orthopedic Problems
Other						

Circle Current Conditions - Check Former Conditions

MUSEULO-SEKETAL Mot/cold spots Nevousness Insomnia Skin disorder Itching Bolls Recurring Headaches Pere or sinus pain Depression Dizziness Anxiety Facial spasms Oepression Paralysis Tremore Tremore Pere or sweath Oepression Oepressi	PRMARY SYMPTOMS	NERVOUS SYSTEM	SKIN
Numbress/time		Hot/cold spots Nervousness Insomnia	Skin disorder Itching Boils
Depression Dizziness Anxiety Confusion Fainting Irritability Forgetfulness Paralysis Tremors Restricted movement-head/neck Hiccups Convulsions Tension GENERAL Neck pain Forgetfulness Paralysis Tremors Restricted movement-head/neck Hiccups Convulsions Tension GENERAL Neck pain Forgetfulness Paralysis Tremors Restricted movement-head/neck Hiccups Convulsions Tension GENERAL Neck pain Forgetfulness Paralysis Tremors Restricted movement-head/neck Hiccups Convulsions Tension GENERAL Fever Sweats Cancer Diabetes Fever Sweats Cancer Diabetes		Numbness/tingling Personality Change	Acne Bruise easily Hives
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Leg pain-lower/upper Periods-painful/excessive Foot/toe pain	Leg cramps		FEMALE
Foot/toe pain	Leg pain-lower/upper		
Hot tlashes Wenonause symptom	Foot/toe pain		•
Sore/weak muscles 3	Sore/weak muscles		



ACN Gloup, IIIC. POIII NI-100	ACN Group, /no. U.o On/y IOV 3127/2003
PattentName	

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements In one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① I have no pain at the moment
- ① The pain is very mild at the moment.
- ②. The pain comes andgoes and is moderate.
- The pain is fairly severe at Iha moment.
- The pain Is very severe at the moment.
- The pain is the worst imaginable at the moment

Sleeping

- OI have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- ②My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderate-ly disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- **SMy** sleep is completely disturbed (5-7 hours sleepless).

Reading

- OI can read as much as I want with no neck pain.
- ①I can read as much asI want with sright neck pain.
- ②I can read as much as I want with moderate neck pain.
- ③I cannot read as much as I want because of moderate neck pain.
- (4) I can hardly read at all because of severe neck pain.
- I cannot read at all because of neck pain.

Concentration

- ①I can concentrate fully when I want with no difficulty.
- ①I can concentrate fully when I want with slight difficulty.
- ②I have a fair degree of difficulty concentrating when I want.
- 3 I have a lot of difficulty concentrating when I want.
- (4) I have a great deal of difficulty concentrating when I want
- ⑤I cannot concentrate at all.

Personal Care

- ①I can look after myself normally without causingextra pain.
- ①I can look after myself normally but it causes extra pain.
- ${\it @ltispainful to look after myself and lams low and careful.}\\$
- ③I need some help but I manage most of my personal care.
- (4) I need help every day in most aspects or self care.
- ⑤I do not get dressed, I wash with difficulty and Y inbed.

Lifting

- OI can rift heavy weights without extra pain.
- ① I can lift heevy weights but ii causes extra pain.
- ② Pain prevents me from liftling heavy weights off the ftoor, but I can manage if they are conveniently positioned(e.g., on a table).
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage lightto mediumweights if they are convenienUy positioned.
- I cannot lift or carry anything at all.

Driving

- OI can drive my car without any neck pain.
- ①I can drive my car as long as I want with slight neck pain.
- ②I can drive my car as long as I want with moderate neck pain.
- 3 I cannot drive my car as long as I want because of moderate neck pain.
- (4) I can hardly drive at all because of severe neck pain.
- SI cannot drive my car at all because of neck pain.

Recreation

- 1 am able to engage in all my recreation activities without neck pain.
- ①I am able to engage in all my usual reaeation activities with some neck pain.
- @Iamable to engage in most but not all my usual recreation activities because of neck pain.
- ③I am only able to engage in a few or my usual recreation activities because or neck pain.
- ④ I can hardly do any recreation activities because of neck pain.

Work

- OI can do as much work as I want.
- ①I can only domy usual work but no more.
- ②I can only do most or my usual work but no more.
- ③I cannot do my usual wolk
- ④I can hardly do any work at all.
- I cannot do any work at all.

Headaches

- OI have no headaches at all.
- ①I have slight headaches which come infrequently.
- ②I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
 I have severe headaches which come frequently.
- Thave severe neadaches which come nequ
- I have headaches almost all the time.

Nf@&x

Score=[Sum of all statements selected /(#of sections with a statement selected _ _?)}- - j

Score

Back Index

PatientName	Date
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Personal Care

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section.apply, please mark the one statement that most closely describes your problem.

Lifting

Pain Intensity

- ① The pain comes and goes and is very mild.
- ① The pain is mild and does not vary much.
- ②The pain comes and goes and is moderate.
- ③ The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- ⑤ The pain Is very severe and does not vary much.

Sleeping

- OI get no pain in bed.
- ①I getpainin bed but it does not prevent me from sleeping well.
- ② Because of pain my normal sleep is reduced by less than 25%.
- 3 Because of pain my normal sleep is reduced by less than 50%.
- Because of pain my normal sleep is reduced by less than 75%.
- SPain prevents me from sleepingat all.

Sitting

- ① I can sit in any chair as long as I like.
- ①I can only sit in my favorite chair as long as I like.
- ②Painprevents me from silting more than 1hour.
- 3 Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- ⑤ I avoid silting because it increases pain immediately.

Standing

- ① I can stand as long as I want without pain.
- ① I have some pain while standing but it does not increase with time.
- ②I cannot standforlonger than 1 hour without increasing pain...
- I cannot stand for longer than 112 hour without Increasing pain.
- I cannot stand for longer than 10 minutes without Increasing pain.
- S I avoid standing because it increases pain Immediately.

Social Life

Traveling

- My social life is normal and gives me no extra pain.
- ①My social life is normal but increases the degree of pain.
- ② Painhas no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).

Pain restricts all forms of travel except that done while lying down.

1 do not have to change my way of washing or dressing in order to avoid pain.

① I do not normally change my way of washing ordressing even though it causes some pain.

② Washing and dressing increases lhe pain but I manage not to change my way of doingii.

3 Washing and dressing increases the pain and I find it necessary to change my way of doing it.

Because of the pain I am unable to do some washing and dressing without help.

⑤ Because of the pain I am unable to do any washing and dressing without help.

- ③ Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home

① I can lift heavy weights without extra pain.

SI can only liH very light weights.

① I get no pain while traveling.

⑤ Pain restricts all forms of travel.

① I can lift heavy weights but tt causes extra pain.

② Pain prevents me from lifting heavy weights off the floor. 3 Pain prevents me from lifting heavy weights off the floor, but I can manage

Pain prevents me from lifting heavy weights off the floor, but I can manage

① Igel some pain while traveling but none of my usual forms of travel make it worse.

②I get extra pain while traveling but ii does not cause me to seek alternate forms of travel.

3 I get extra pain while traveling which causes me to seek alternate forms of travel.

light to medium weights if they are conveniently positioned.

if they are conveniently positioned (e.g., on a table).

I have hardly any social life because of the pain.

Walking

- ① I have nopain while walking.
- ① I have some pain while walking but it doesn't increase with distance.
- ②I cannot walk more than 1 mile without increasing pain.
- ③ I cannot walk more than 1/2 mile without increasing pain.
- ① I cannot walk more than 1/4 mile without increasing pain.
- ⑤ I cannot walk at all without increasing pain.

Changing degree of pain

- My pain is rapidly getting better.
- ① My pain fluctuates but overall is definitely getting better.
- ② My pain seems to be getting better but improvement is slow.
- 3 My pain is neither getting better or worse.
- My pain is gradually worsening.
- SMy pain is rapidly worsening.

Pa@ex	

index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)) x 100

Score