



Wayne M. Winnick, DC, CCSP
and Associates, PC

Full Name: _____ D.O.B. _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell #: _____ Age: _____
Work Phone: _____ Social Security #: _____
Occupation: _____ Employer: _____
 Male Female Height: _____ Weight: _____ E-mail: _____
 Single Married Widowed Divorced Separated Number of Children _____
Spouse's Name: _____
Spouse's Occupation: _____ Employer: _____
Emergency Contact: _____ Phone #: _____
Insurance Name: _____
Who Referred You To Our Office: _____

Purpose of this Appointment: _____

Other Doctors Seen for this Condition: Yes No Who: _____

Type Of Treatment: _____ RESULTS: _____

When Did this Condition Begin?: _____ Has This Condition Occurred Before? Yes No

Is Condition: Sports Related Chronic Home Injury Fall Other/Auto: _____

Drugs You Now Take: Nerve Pill Pain Killers Muscle Relaxers Blood Pressure Insulin
 Drug Interactions/Allergies _____

Do You Wear Arch Supports or Orthotics? Yes No

Do You Suffer From Any Other Condition Than The One You Are Now Consulting Us For? _____

Major Surgery or Operations: Appendectomy Tonsillectomy Hernia Gallbladder

Back Surgery Broken Bones Other: _____

Major Accidents of Falls or Hospitalization Other Than Above: _____

Have You Ever Had Chiropractic Care Before? Yes No

If Yes, Date of Last Visit: _____ Doctor's Name: _____

Check Any of the Following you Have Had in the Past 2 Months

Head

- Headaches
- Migraine
- Head Feels Heavy
- Fainting
- Dizziness
- Loss of Smell
- Loss of Taste
- Loss of Balance
- Loss of Hearing
- Ringing in ears
- Jaw pain
- Clicking jaw

Neck

- Pain in neck
- Stiff neck
- Muscle spasms in neck
- Grinding sounds in neck

Shoulders

- Pain in shoulder
- Pain across shoulders
- Can't raise arm
 - above shoulder level
 - over head
- Tension in shoulders

Arms & Hands

- Pain in arm (R--L)
- Pain in hands (R -- L)
- Pain in fingers (R -- L)
- Sensations of pins & needles
 - in hands (R -- L)
 - in arms (R -- L)
 - fingers go to sleep (R -- L)
- Hands cold (R -- L)
- Swollen/sore/finger joints (R -- L)
- Loss of grip strength (R -- L)

Mid-back:

- Mid back pain
- Muscle spasms
- Pain with breathing

Chest:

- Chest pain
- Shortness of breath
- Pain around ribs
- Heart palpitation

Abdomen:

- IBS
- Nervous stomach
- Nausea
- Gas
- Constipation
- Diarrhea
- Ulcers

Low-Back:

- Low back pain
- Low back pain is worse when:
 - working
 - lifting
 - stooping
 - standing
 - sitting
 - bending
 - coughing
- Disc conditions
- Muscle spasm

Women Only:

- menstrual pain
- cramping
- Pregnant: __yes__no

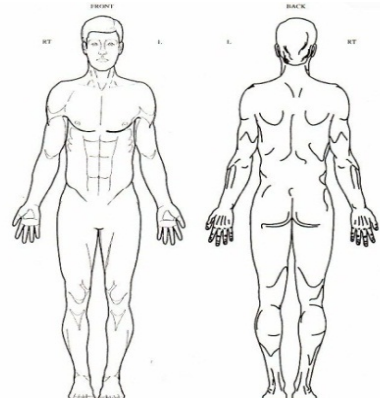
Hip, Legs & Feet:

- Pain in buttock (R -- L)
- pain in hip joint (R -- L)
 - groin (R -- L)
- Pain in back of thigh (R -- L)
 - numbness (R -- L)
 - tightness (R -- L)
- Pain down to the leg(s) (R -- L)
- Pins & Needles in legs (R -- L)
- Cramps in feet (R -- L)
- Painful joint in toes (R -- L)

General

- AIDS/HIV
- Osteoporosis
- Osteopenia
- Depressed
- Generally feel run-down
- Lack of sleep
- Heart attacks
- Blood pressure problems
- Stroke
- Difficulty with urination
- Incontinence
- Asthma
- Allergies
- Epilepsy
- Gall Bladder Problems
- Diabetes __Type I __Type II
- Cancer
- Stress

Please outline on the diagram the area of your discomfort



I acknowledge that I am financially responsible for all charges whether or covered by insurance. If it becomes necessary to effect collections of at this or subsequent visits the undersignes agrees to pay for all cost & exp reasonable attorney fees. I hereby authorize the doctor to release info to secure the payment of benefits

Signature _____ Date _____