CASE HISTORY FORM

Dr. Thomas M. Bracken

None of the following information will be released to anyone without your written permission.

Name: _____ Date of Birth: _____ Age: _____ Sex: ☐ M ☐ F
Street Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Marital Status: ☐ S ☐ M ☐ D ☐ W Spouse's Name: _____ No. of children: _____
Occupation: _____ Employer: _____
Referred By: _____ Past Chiropractic Care: ☐ N ☐ Y When? _____
Doctor's Name: _____ Results: _____
Chief Complaint: _____
Date it began: _____ How did it occur? _____
Are your present injuries due to an on-the-job injury? ☐ N ☐ Y
Have you made a report of your accident to your employer? ☐ N ☐ Y
Do you plan on turning it in on workman's compensation? ☐ N ☐ Y
Are you now or have you ever been disabled (service or work)? ☐ N ☐ Y
If yes, when? _____ How? _____

For each of the conditions listed below, place a check in the *Past* column if you have had the condition in the past. If you presently have a condition listed below, place a check in the *Present* column.

Past	Present		Past	Present		Past	Present	
☐	☐	Headaches	☐	☐	High Blood Pressure	☐	☐	Diabetes
☐	☐	Neck Pain	☐	☐	Heart Attack	☐	☐	Excessive Thirst
☐	☐	Upper Back Pain	☐	☐	Chest Pains	☐	☐	Frequent Urination
☐	☐	Mid Back Pain	☐	☐	Stroke			
☐	☐	Lower Back Pain	☐	☐	Angina	☐	☐	Smoking/Use Tobacco Products
☐	☐	Shoulder Pain	☐	☐	Kidney Stones	☐	☐	Drug/Alcohol Dependence
☐	☐	Elbow/Upper Arm Pain	☐	☐	Kidney Disorders			
☐	☐	Wrist Pain	☐	☐	Bladder Infection	☐	☐	Allergies
☐	☐	Hand Pain	☐	☐	Painful Urination	☐	☐	Depression
			☐	☐	Loss of Bladder Control	☐	☐	Systemic Lupus
☐	☐	Hip/Upper Leg Pain	☐	☐	Prostate Problems	☐	☐	Epilepsy
☐	☐	Knee/Lowe Leg Pain				☐	☐	Dermatitis/Eczema/Rash
☐	☐	Ankle/Foot Pain	☐	☐	Abnormal Weight Gain/Loss	☐	☐	HIV/AIDS
☐	☐	Jaw Pain	☐	☐	Loss of Appetite	***Females Only***		
			☐	☐	Abdominal Pain	☐	☐	Birth Control Pills
☐	☐	Joint Swelling/Stiffness	☐	☐	Ulcer	☐	☐	Hormonal Replacement
☐	☐	Arthritis	☐	☐	Hepatitis	☐	☐	Pregnancy
☐	☐	Rheumatoid Arthritis	☐	☐	Liver/Gall Bladder Disorder	☐	☐	
☐	☐	General Fatigue	☐	☐	Cancer	***Other Health Problems/Issues***		
☐	☐	Muscular Incoordination	☐	☐	Tumor	☐	☐	
☐	☐	Visual Disturbances	☐	☐	Asthma	☐	☐	
☐	☐	Dizziness	☐	☐	Chronic Sinusitis	☐	☐	

Relax, you are in the right place and you are almost finished with this form.

Habits

Smoking ☐ N ☐ Y
Drinking ☐ N ☐ Y
Coffee ☐ N ☐ Y

Exercise

☐ None
☐ Occasionally
☐ Regularly

Family History

	Diabetes	Heart	Kidney	Cancer	Back
Mother:	☐	☐	☐	☐	☐
Father:	☐	☐	☐	☐	☐
Siblings:	☐	☐	☐	☐	☐

Have you had any of the following diseases?

☐Pneumonia ☐Anemia ☐Heart Disease ☐Epilepsy ☐Cancer ☐Venereal Infection
☐Rheumatic Fever ☐Measles ☐Chicken Pox ☐Mumps ☐Diabetes ☐Alcoholism
☐Mental Disorder ☐Polio ☐Tuberculosis

Broken Bones or Dislocations: (Fractures) ☐ N ☐ Y _____
Have you ever had any spinal taps or spinal injections? ☐ N ☐ Y _____

List any accidents or falls: (ex Auto, Motorcycle, Sports, Work, School, etc) _____
_____

Have you ever been knocked unconscious? ☐ N ☐ Y _____
Have you ever had a significant lapse of memory? ☐ N ☐ Y _____
Have you had any x-rays taken within the last year? ☐ N ☐ Y _____

Do you suffer from any condition not mentioned on this form? ☐ N ☐ Y _____
_____
_____

Patient's Signature: _____ Date: _____
Guardian's Signature: _____ Date: _____

----------Office Use Only----------

Oc	Oc
At	At
Ax	Ax
3C	3C
4	4
5	5
6	6
7	7
1T	1T
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
1L	1L
2	2
3	3
4	4
5	5
Sac	Sac
R IL	R IL
L IL	L IL
Coc	Coc

George's Test _____
_____
P_____ BP _____ HT _____ WT _____

VISUAL POSTURE ANALYSIS A-P

Head Tilt	RT	LT	R. Ear	Hi	Low
R. Shoulder	Hi	Low	Scapula	Hi	Low
R. Ilium	Hi	Low	LAT:		

Head Carried _____
Cervical Spine _____ Curve
Dorsal Spine _____ Curve
Lumbar Spine _____ Curve
Areas of Muscle Spasm C _____
D _____ L _____ P _____

RANGE OF MOTION

Cervical	L.	R.	Lum. Dor.	L.	R.
Flx (65)			Flx (95)		
Ext (50)			Ext (35)		
L. F. (40)			L. F. (40)		
Rot (55)			Rot (35)		

Dynagrip R _____ L _____
Comments _____
_____
_____

	Left	Right
Foramina Compression		
Shoulder Depressor		
Distraction		
Valsalva's		
Derefield	C /P	C /P
Ely's		
Soto Hall		
Lewin's Supine		
Laseque		
Braggard		
Faber's		
Leg Raisers		
Fajersztagn		
Trandelenburg		
Adam's		
Romberg's		
Minor's		
F.T.		
F.C.		
H-T		
Bechterew's		