



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

Full Name: _____ D.O.B. _____

Address: _____ City: _____ ST: _____ Zip: _____

Home# _____ Cell# _____ Age: _____

Work# _____ Email: _____

Occupation: _____ Employer: _____

Male Female Height: _____ Weight: _____ Social Security # _____

Single Married Widowed Divorced Separated Number of Children: _____

Spouse's Name: _____

Spouse's Occupation: _____ Employer: _____

Emergency Contact: _____ Phone# _____

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: _____

Drug 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 Other Than The One You are Now Consulting Us For? _____

Major Surgery or Operation: Ankle Back Surgery Fractures Hernia Hip

Knee Shoulder Other: _____

Major Accidents, Falls or Hospitalizations Other Than Above: _____

Have You Ever Had Chiropractic Care Before? YES NO

IF Yes, Date of Last Visit: _____ Doctors Name: _____

Check Any Of The Following You Have Had In The Past 6 Months

Head:

- Headaches
- Migraine
- Fainting
- Dizziness
- Loss of Smell
- Loss of Taste
- Loss of Balance
- Loss of Hearing
- Ringing in Ears

Neck:

- Stiff Neck
- Muscle Pain
- Radiating Pain

Shoulders:

- Pain in Shoulder
- Pain Across Shoulders
- Can't Raise Arm
- Above Shoulder Level
- Over Head

Arms & Hands:

- Pain in Arm (R/L)
- Pain in Hands (R/L)
- Pain in Fingers (R/L)
- Sensation of Pins & Needles
- In Arms (R/L)
- In Hands (R/L)
- Fingers go to Sleep(R/L)

Knee:

- Pain in Knee (R/L)
- Swelling(R/L)
- Weight-Bearing Pain

Chest:

- Chest Pain
- Pain around Ribs
- Heart Palpitation

Mid- Back:

- Mid Back Pain
- Muscle Spasm
- Pain with Breathing

Low Back Pain:

- Low Back Pain
- Low back pain worse when:
- Lifting
- Reaching
- Standing
- Sitting
- Bending
- Coughing
- Disc Conditions
- Muscle Spasm

Hips Legs & Feet:

- Pain in Buttock (R/L)
- Pain in Hip Joint (R/L)
- Pain in Groin (R/L)
- Numbness (R/L)
- Pain Down the Leg (R/L)
- Pins & Needles (R/L)
- Cramps in Feet (R/L)

Ankle:

- Pain in Ankle (R/L)
- Swelling(R/L)
- Heel Pain (R/L)

Women Only:

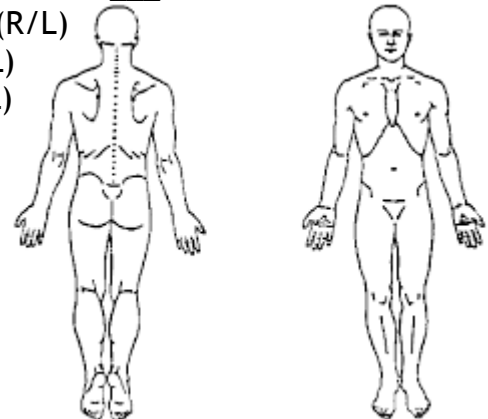
- Menstrual Pain
- Cramping Yes /No
- Pregnant

General:

- AIDS/HIV
- Depression
- Generally Feel run-down
- Lack of Sleep
- Heart Conditions
- Blood pressure
- Stroke
- Urination Issues
- Incontinence
- Asthma
- Allergies
- Epilepsy
- Diabetes
- Type I
- Type II
- Cancer
- Stress

Abdomen:

- IBS
- Nausea
- Constipation
- Diarrhea



I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of any amount on this or subsequent visits the undersigned agrees to pay for all costs and expenses including reasonable attorney fee. I hereby authorize the doctor to release information necessary to secure the payment of benefits.

Signature _____

Date: _____