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# SLIP/FALL INITIAL DOCTOR-NEW PATIENT INTERVIEW FORM

Patient:	Age: Birth Date:
Time In: Time Out:	Date of Accident:
Doctor:	Date Of Exam:
Sex: □ M □ F Marital Status: Spouse	Name: # of Children:
Occupation:	Years: Employer:
Are you or have you missed time from work? $\Box$ Yes $\Box$ No	Type of Work: $\square$ Office $\square$ Clerical $\square$ Light $\square$ Moderate $\square$ Heavy Labor
Describe the type of work performed:	
Were you on-the-job when the accident occurred? $\square$ Yes	l No
Were there any witnesses? $\square$ Yes $\square$ No	
Whom?	
Was anyone notified? □ Yes □ No Whom?	
If yes, was a report made? $\square$ Yes $\square$ No	
Accident Description: (How did the accident happen?)	
M/hat part of your hady did you hit? Describe	
	long
Since the accident, tell me ALL symptoms or injuries you r	ave experienced and specifically when each began:
Where did you go after accident? ☐ Hospital ☐ Urgent Ca	re □ Family Provider □ Home □ Work □ Other
Emergency Room Treatment:	
Were you seen in the ER: $\square$ Yes $\square$ No $\square$ Which hospital:	Were taken by ambulance? $\square$ Yes $\square$ No
Date seen if not taken by ambulance	
Was treatment given? ☐ Yes ☐ No If yes, X-rays: ☐ Yes [	If yes, which body parts x-rayed
Results of X-rays:	Lab work □ Yes □ No Results:
Cervical collar □Yes □No lce □ Yes □ No Medication	☐ Yes ☐ No If yes, name of Rx:
Other treatment: Folic	v-up Instructions:   None
Work restriction □ Yes □ No If yes, describe	
Dr. Initials:	

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Patient:				Page 2
Other Treatment Since Accident #1:				
Doctor:	_ Specialty:	Da	te first seen:	
Referred by:	_Treatment type:		Treatm	ent frequency:
Treatment duration:		Currently treating? ☐	Yes □ No	
Work restriction $\square$ Yes $\square$ No If yes, describe	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Special tests:		Referred to:		
Did treatment help? $\square$ Yes $\square$ No Comments:				
Other Treatment Since Accident #2:				
Doctor:	_Specialty:	Da	te first seen:	
Referred by:	_Treatment type:	·····	Treatm	ent frequency:
Treatment duration:	·····	Currently treating?	Yes □ No	
Work restriction ☐ Yes ☐ No If yes, describe	· · · · · · · · · · · · · · · · · · ·			
Special tests:		Referred to:		
Did treatment help? ☐ Yes ☐ No Comments:				
Chief Complaint 1		Chief Complaint 2		
Onset		Onset		
Pain Scale (1 to 10)		Pain Scale (1 to 10)		
Provocative		Provocative		
Palliative		Palliative		
Quality		Quality		
Radiation		Radiation		
Site (Location)		Site (Location)		
Time (Frequency)		Time (Frequency)		
Frequency: <25% Intern	nittent, 26-50% Occ	asional, 51-75% Frequ	ient, > 76%	Constant
Chief Complaint 3		Chief Complaint 4		
Onset		Onset		
Pain Scale (1 to 10)		Pain Scale (1 to 10)		
Provocative		Provocative		
Palliative		Palliative		
Quality		Quality		
Radiation		Radiation		
Site (Location)		Site (Location)		
Time (Frequency)		Time (Frequency)		
Frequency: <25% Intern	nittent, 26-50% Occ	asional, 51-75% Frequ	<i>ient,</i> > 76%	Constant
Treatment by Another Chiropractor:		Dates:		
Dr. Initials:				

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Patient:						Page3	
Previous Injuries, Hospitalizations, Surgeries							
Date	Doctor/Hospital/ Condition	Treatment	Response (+) (-) (NC)	Treatment Duration	Test(s)	Test Result	
Medication	ons/Vitamins:						
Family H	istory: #1.Father, #2.Moth	ner, #3.Sister (A, B, Etc), #4.I	Brother (A, B, Etc.)				
Cancer		Diabetes	Heart Disea	ase	CVA		
HBP		Epilepsy	ТВ		Other		
Other		Other	Other		Other		
Psycho-Social History:							
Changes to Activities of Daily Living Since the Accident:							
Recreational/Exercise: Type: Freq/Wk; Duration Min. / Hrs:							
Social Habits (Please Circle Appropriate Responses and Fill In The Blanks)							
Tobacco: Pack /Day, Week, For Yrs; Chew Yrs; Pipe Yrs							
Alcohol _	Glasses Of Wine,	Beer, Mixed Drink/ Day, Wk	, Mo.; Sleep Interr	upted? X's	/ Night For	Weeks Mo Yrs	

Dr Initials:

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Stit office chair	Work Routine/Duties under Duress	Al	ole	Restric	ted U	nable	Comments
Climb steps / stairs	Sit in office chair	1	2	3	4	5	
Climb steps / stairs	Stand erect	1	2	3	4	5	
Stoop to retrieve	Climb steps / stairs	1			4		
Crouch to retrieve		1					
Reach overhead		1			1		
Fleeton verthead							
Lift: waist to shoulder height						_	
Carry Object, 100 feet							
Pull							
Pull						_	
Balance		<u> </u>					
Transport						_	
Reach		_ <del>-</del>					
Handle objects appropriately							
Finger/Hand strength/coordination		1	2	3	4		
REVIEW OF SYSTEMS: Please write all numbers that apply: #1. Presently have, #2. Previously had, #3. Related to accident GENERAL  Allery Arthritis Altery Chills Bursitis Hardening of arteries High blood pressure Convulsions Foot Trouble Low blood pressure Fainting Low back pain Fatigue Lumbago Fatigue Lumbago Fatigue Fever Neck pain/stiffness Slow heart beat Slow heart beat Sleep loss Pain or numbness in: RESPIRATORY Weight loss Nervousness/depression Neuralgia Nervousness/depression Neuralgia Firemors Legs FYES, EARS, NOSE, THROAT Asthma Feet Colds Sore throat Deafness Dental decay BedVerting Bedv	Handle objects appropriately	1	2	3	4		
GENERAL Allergy Arthritis Bursitis Convulsions Foot Trouble Dizziness Hernia Faitigue Lumbago Fever Headache Sleep loss Pain or numbness in: Weight loss Nervousness/depression Neuralgia Tremors Sweats Tremors EYES, EARS, NOSE, THROAT Asthma Colds Pain or posture Dearthoat Deartheas Sciettaa Deartheas Sciettaa Deartheas Bedwetting Bedwithing Deartheas Seleption Deartheas Sciettaa Deartheas Seleption Deartheas Sciettaa Deartheas Seleption Deartheas Seleption Deartheas Sciettaa Deartheas Seleption Deartheas Spinia curvature Deartheas Seleption Sinus infection Blood in urine Enlarged glands Fraight urination Failing vision Pain or numbnes Hards Seleption Spinia curvature Districtut digestion Difficult digestion Difficult digestion Difficult digestion Districtut or stokes Spinia curvature Diarrheas Sinus infection Blood in urine Enlarged glands Frequent urination Failing vision Painful triation Prostate trouble Hay fever Pain or stokes Pain or triates Poor posture Pain or stokes Pain or stokes Pain or stokes Intestinal worms Pain or stokes Intestinal worms Jaundice Lumps in breasts  Other:  Other:	Finger/Hand strength/coordination	1	2	3	4	5	
Convulsions   Foot Trouble   Low blood pressure   Dizziness   Hernia   Pain over heart   Fainting   Low back pain   Poor circulation   Fatigue   Lumbago   Rapid heart beat   Fever   Neck pain/stiffness   Slow heart beat   Headache   Shoulder blade pain   Swelling of ankles   Sleep loss   Pain or numbness in:   Weight loss   Shoulders   Chronic cough   Nervousness/depression   Arms   Chronic cough   Neuralgia   Elbows   Difficult breathing   Numbness   Hands   Spitting up blood   Sweats   Hips   Spitting up phegm   Tremors   Legs   Wheezing   EYES, EARS, NOSE, THROAT   Knees   GASTROINTESTINAL   Asthma   Feet   Belching or gas   Colds   Painful tailbone   Colitis   Sore throat   Poor posture   Colon trouble   Deatness   Sciatica   Constipation   Dental decay   Spinal curvature   Difficult digestion   Earache/noises   Redwetting   Distention of abdomen   Earache/noises   Kidney infection   Gall bladder trouble   Enlarged glands   Frequent urination   Gall bladder trouble   Enlarged thyroid   Inability to control bladder   Nose bleeds   Kidney infection or stones   Failing vision   Painful urination   Painful urination   Far sighted   Prostate trouble   Pus in urine   Far sighted   Prostate trouble   Nausea   Hay fever   Painful menstruation   Pain over stomach   Near sighted   Lumps in breasts   Vomiting blood   Other:	GENERALAllergy	MUSCL Arth	JLOSK ritis			ly have	CARDIOVASCULARHardening of arteries
Dizziness Hernia Pain over heart Fainting Low back pain Poor circulation Fatigue Lumbago Rapid heart beat Fever Neck pain/stiffness Slow heart beat Headache Shoulder blade pain Swelling of ankles Sleep loss Pain or numbness in: RESPIRATORY Weight loss Shoulders Chest pain Nervousness/depression Arms Chronic cough Neuralgia Elbows Difficult breathing Numbness Hands Spitting up blood Sweats Hips Spitting up phlegm Tremors Legs Wheezing EYES, EARS, NOSE, THROAT Knees GASTROINTESTINAL Asthma Feet Belching or gas Colds Painful tailbone Colitis Sore throat Poor posture Colon trouble Deafness Sciatica Constipation Dental decay Spinal curvature Diarrhea Earache/noises GENTO-URINARY Difficult digestion Elarged glands Frequent urination Gall bladder trouble Enlarged thyroid Inability to control bladder Rouse House Hemorrhoids Gam trouble Pus in urine Nose Hemorrhoids Failing vision Painful urination Jaundice Gam trouble Pus in urine Far sighted Prostate trouble Liver trouble Nasal obstruction Irregular cycle Vomiting Near sighted Other:				ماد			
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Numbness			_				
Sweats							
Tremors  EYES, EARS, NOSE, THROAT  Asthma  Colds  Painful tailbone  Sore throat  Deafness  Dental decay  Earache/noises  Ear discharge  Sinus infection  Enlarged glands  Enlarged thyroid  Nose bleeds  Failing vision  Far sighted  Gum trouble  Pus in urine  Hoarseness  Nasal obstruction  Near sighted  Other:  EYES, EARS, NOSE, THROAT  Knees  GASTROINTESTINAL  Belching or gas  Colitis  Colitis  Colon trouble  Colon trouble  Colon trouble  Constipation  Diarrhea  Constipation  Diarrhea  Difficult digestion  Distention of abdomen  Excessive hunger  Excessive hunger  Gall bladder trouble  Hemorrhoids  Hemorrhoids  Hemorrhoids  Intestinal worms  Jaundice  Liver trouble  Nausea  Painful menstruation  Pain over stomach  Poor appetite  Vomiting  Vomiting  Vomiting  Vomiting blood	<del></del>						
EYÉS, EARS, NOSE, THROAT  Asthma  Feet  Colds  Painful tailbone  Sore throat  Deafness  Dental decay  Earache/noises  Ear discharge  Sinus infection  Enlarged glands  Enlarged thyroid  Nose bleeds  Falling vision  Far sighted  Gum trouble  Prostate trouble  Prostate trouble  Prostate trouble  Pus in urine  Hoarseness  Hot flashes  Nasal obstruction  Near sighted  Near sighted  Near sighted  Constipation  Constipation  Constipation  Diarrhea  Constipation  Diarrhea  Enlarged plands  Enlarged plands  Frequent urination  Blood in urine  Excessive hunger  Excessive hunger  Gall bladder trouble  Hemorrhoids  Hemorrhoids  Inability to control bladder  Hemorrhoids  Intestinal worms  Jaundice  Liver trouble  Liver trouble  Nausea  Pain over stomach  Hoarseness  Hot flashes  Poor appetite  Vomiting  Vomiting blood	<del></del> -						
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Nose bleeds Kidney infection or stones Intestinal worms Failing vision Painful urination Jaundice Far sighted Prostate trouble Liver trouble Gum trouble Pus in urine Nausea Hay fever Painful menstruation Pain over stomach Hoarseness Hot flashes Poor appetite Nasal obstruction Irregular cycle Vomiting Near sighted Lumps in breasts Vomiting blood  Other:							
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Hoarseness Hot flashes Poor appetite Nasal obstruction Irregular cycle Vomiting Near sighted Lumps in breasts  Other:	Hay fever	Pair	nful me	enstruatio	on		Pain over stomach
Nasal obstruction   Irregular cycle   Vomiting   Near sighted   Lumps in breasts   Vomiting blood   Other:		<del></del>					Poor appetite
Near sightedLumps in breastsVomiting blood Other:	Nasal obstruction						Vomiting
	Near sighted	Lumps in breastsVomiting blood					
Dr. Signature: Date	Other:						<del>-</del>
	Dr. Signature:						Date

Patient: