

Dr. Dale Sandvall



Chiropractor / Applied Kinesiologist

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THIS INFORMATION IS CONFIDENTIAL. PLEASE BE AS ACCURATE AS POSSIBLE. PLEASE PRINT CLEARLY ON BOTH SIDES.

Date: _____ Referred By: _____ Age: _____

Name: _____ Sex: Male Female Birth Date: ____/____/____

Home Address: _____ City / State / Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Social Security No. ____-____-____

Email: _____@_____ No. of Children ____ Marital Status: _____ Spouses Name: _____

Occupation: _____ Employer: _____ Work Phone: (____) _____

Work Address: _____ City / State / Zip: _____

Why are you here today? List conditions in order of severity:

1. _____ How Long? _____

2. _____ How Long? _____

3. _____ How Long? _____

Have you had to take off work? Yes No Dates absent: _____

Is this related to a car accident or an injury at work? Y N

Have you seen any other doctors for any of the conditions listed? Yes No

If so, who: _____ What was the diagnosis? _____

What was the treatment? _____

Have you had similar conditions before? Yes No _____

Anyone in your family had same or similar conditions? Y N _____

What other health conditions have you been treated for? _____

What, if any, medications are you taking? _____

List any vitamins, minerals and herbal suppliments you are taking: _____

List surgeries and dates: _____

List accidents and dates: _____

Do you smoke? Yes No

Broken bones and dates: _____

Have you seen a Chiropractor before? Yes No If yes, whom? _____

Reason for visit to Chiropractor and treatment recieved there: _____

How will you pay for today's visit? Cash Check MC VISA Discover Insurance: _____

SEE BACK PAGE

1 = NEVER HAD

2 = PREVIOUSLY HAD

3 = PRESENTLY HAVE

MUSCULO-SKELETAL SYSTEM

- Low back problems
- Pain between shoulders
- Neck problems
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Stiff joints
- Sore muscles
- Weak muscles
- Walking problems
- Ruptures
- Broken bones

GENITO-URINARY SYSTEM

- Bladder trouble
- Excessive urination
- Scanty urination
- Painful urination
- Discolored urine

FEMALE

- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps in breast
- Y N Are you Pregnant?

GASTRO-INTESTINAL SYSTEM

- Poor appetite
- Excessive hunger
- Difficulty chewing
- Difficulty swallowing
- Excessive thirst
- Nausea
- Vomiting food
- Vomiting blood
- Abdominal pain
- Diarrhea
- Constipation
- Black stool
- Hemorrhoids
- Liver trouble
- Gall bladder problems
- Weight problems

CARDIOVASCULAR-RESPIRATORY

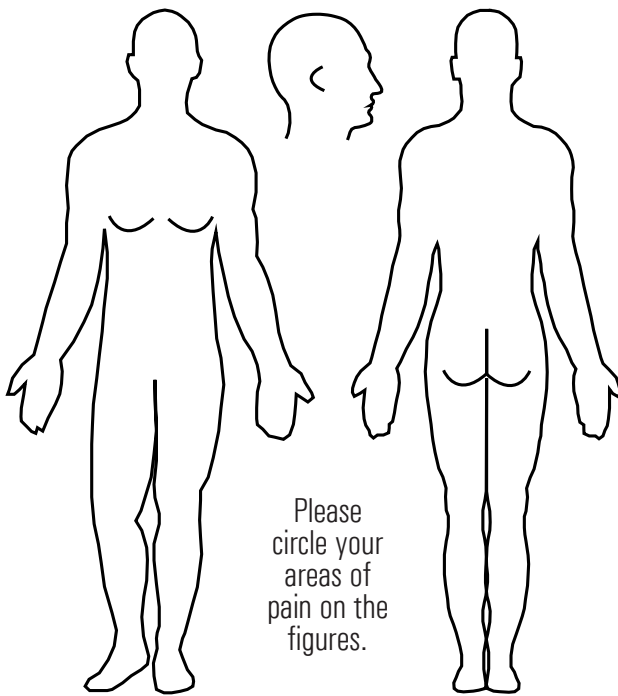
- Chest pain
- Pain over heart
- Difficulty breathing
- Persistent cough
- Coughing phlegm
- Coughing blood
- Rapid heartbeat
- Blood pressure problems
- Heart problems
- Lung problems
- Varicose veins

EAR, EYES, NOSE and THROAT

- Eye strain
- Eye inflammation
- Vision problems
- Ear pain
- Ear noises
- Ear discharge
- Hearing loss
- Nose pain
- Nose bleeding
- Nose discharge
- Difficulty breathing through nose
- Sore gums
- Dental problems
- Sour mouth
- Sore throat
- Hoarseness
- Difficulty speaking

NERVOUS SYSTEM

- Numbness
- Loss of feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression



PATIENT SIGNATURE: _____ DATE: _____

OFFICE USE

Patient accepted: Yes No

Dr. Dale Sandvall: _____