

# Long Hill Chiropractic, LLC

## Back & Neck Care Center

## Patient Health Assessment

### **Patient Information:** please print clearly

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Sex:  Male  Female

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Social Security #: \_\_\_\_\_

Circle One: Married / Single / Divorced / Widowed Spouse Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we contact your family doctor if necessary?  Yes  No

### **Current Health Condition:**

Current Complaint: \_\_\_\_\_ How and When did it begin?: \_\_\_\_\_

Has this Condition occurred before?:  No  Yes If Yes, when? \_\_\_\_\_

Is this condition:  Job related  Auto Accident  Sports Injury  Chronic  Other: \_\_\_\_\_

How would you rate the intensity of your pain? Circle the appropriate number: **0 1 2 3 4 5 6 7 8 9 10**

Are you currently taking medication?  NO  YES: \_\_\_\_\_

Have you had any surgeries or serious conditions the doctor should be aware of? \_\_\_\_\_

### **Why Chiropractic?**

People go to chiropractors for a variety of reasons. Please let us know what your goals are so that Dr. Mellusi can treat you appropriately.

1.  **Relief Care:** Dr. Mellusi will help you get out of pain as quickly as possible. You will then be released from care.  
(May result in temporary relief)

2.  **Rehabilitative Care:** Dr. Mellusi will help you get out of pain as quickly as possible, then continue to treat you in order to fix the cause of your pain. (Treatment duration varies depending on condition)

3.  **Maintenance Care:** Dr. Mellusi will treat you periodically to help keep your body functioning optimally.  
(Once per month in most cases)

Please mark area(s) of complaint below:

