

Casa View Chiropractic Clinic, Inc.

Name (*Nombre*) _____ Date (*Fecha*) _____

Address: _____ City: _____ State: _____ Zip Code: _____
(*Direccion*) (Ciudad) (Estado) (Codigo de area)

Social Security # _____ Driver's License # _____ Home Phone: _____
(*Seguro Social*) (*Licencia de Conducir*) (*Telefono hogar*)

Age: _____ Birth Date: _____ Marital Status: _____ # of Children _____
(*Edad*) (*Fecha de Nacimiento*) (*Estado Civil*) (*# de Ninos*)

Occupation: _____ Employer: _____
(*Ocupacion*) (*Patron*)

Address: _____ Work Phone: _____
(*Direccion*) (*Telefono de trabajo*)

Name of Husband/Wife _____ Occupation: _____
(*Nombre de esposo/esposa*) (*Ocupacion*)

Referred By: _____ Date of Last Physical _____
(*Referido por*) (*Fecha de ultimo examen fisico*)

Purpose of this appointment: _____
(*Proposito de esta cita*)

Have you **ever** suffered from:
(*Ha sufrido usted de:*)

| | Yes | No | | Yes | No |
|--|-----|-----|---|-----|-----|
| Dizziness (<i>Mareos</i>) | ___ | ___ | Pinched Nerve (<i>Nervio punzado</i>) | ___ | ___ |
| Backaches (<i>Dolor de espalda</i>) | ___ | ___ | Digestion Problem (<i>Mala digestion</i>) | ___ | ___ |
| Heart Trouble (<i>Problemas del corazon</i>) | ___ | ___ | Nervousness (<i>Nerviosismo</i>) | ___ | ___ |
| Diabetes (<i>Diabetes</i>) | ___ | ___ | Sinus Trouble (<i>Sinusitis</i>) | ___ | ___ |
| Tuberculosis (<i>Tuberculosis</i>) | ___ | ___ | Anemia (<i>Anemia</i>) | ___ | ___ |
| Arthritis (<i>Arthritis</i>) | ___ | ___ | Cancer (<i>Cancer</i>) | ___ | ___ |
| Headaches (<i>Dolor de cabeza</i>) | ___ | ___ | Chest Pain (<i>Dolor de pecho</i>) | ___ | ___ |
| Asthma (<i>Astma</i>) | ___ | ___ | | | |

Other doctors seen for this condition: _____
(*Otros doctores que ha consultado con este problema*)

Have you been treated for any health condition in the past year? Yes (*Si*) No (*No*)
(*Se la ha tratado a usted por alguna condicion de salud durante el ano pasado?*)

If Yes, Describe: _____
(*Si, Describa*)

How long has this current episode of pain been?: _____
(*Que largo ha sido este episodio de problemas con su dolor?*)

Have you had this pain before?: Yes No If Yes, when: _____
(*Ha tenido este problema antes?*) (Si) (No) (Si, cuando)

When did you first seek treatment for your current problem?: _____
(*Cuando tuvo su primer tratamiento para este problema?*)

How many days within the past year have you had trouble with your current problem?: _____ days.
(*Por cuantos dias durante el ano pasado tuvo usted este problema?*) (dias)

How many days have you lost from work due to this current problem? _____ days.
(*Cuantos dias de trabajo ha perdido usted por este problema?*) (dias)

How many days have you lost from work in the past year due to your problem? _____ days.
(*Cuantos dias de trabajo perdio el ano pasado por su problema?*) (dias)

Please rate your pain using the following scale (0 = No Pain & 10 = Worst Possible Pain)
(*Por favor mida su dolor usando la escala que sigue, usando 0 = no dolor y 10 = maximo dolor*)

Current Pain Intensity: 0 1 2 3 4 5 6 7 8 9 10
(*Intensidad de dolor ahorita*)

Average Pain Intensity:

Worst Pain Intensity:

Education Level: Grade 8 or less Partial High School High School Graduate
(*Nivel Educativo*) (*Octavo o menos*) (*Secundaria parcial*) (*Graduando de secundaria*)
 Some College College Graduate Masters degree or higher
(*Colegio parcial*) (*Graduando de colegio*) (*Licenciatura o mas alto*)

Do you smoke? Yes No If Yes, how many packs/day? <1 1 2 3 >3
(*Fumar usted?*) (Si) (No) (*Si fuma, cuantos paquetes al dia?*)

Do you drink alcohol? Yes No If Yes, amount: _____
(*Toma usted alcohol?*) (Si) (No) (*Si, Toma, cuanto?*)

Have you ever had an X-ray taken of: Neck Mid-back Low-back Chest Other
(*Se la ha tomado radiografias de:*) (cuello) (espalda superior) (espalda inferior) (Pecho) (Otra parte)
Describe (Describa): _____

Do you like your job? Really like my job Like my job No opinion Dislike my job
(*Le gusta su trabajo*) (*De verdad me gusta*) (*Me gusta*) (*No hay opinion*) (*Me disgusta el trabajo*)

Employment Status: Paid Full-Time Paid Part-Time Homemaker Student
(*Condicion de trabajo*) (*Tiempo Completo*) (*Tiempo parcial*) (*Ama de casa*) (*Estudiante*)

Other (*Otro*): _____