



Avon Park Chiropractic Clinic
 1590 US 27 North • Avon Park, FL 33825
 Phone: (863) 453-5777 • Fax: (863) 453-9737

www.avonparkchiro.com • info@avonparkchiro.com

W. Patrick Danzey, D.C.P.A. • David A. Boersma, D.C.P.A. • David J. Marinock, D.C.

Confidential Patient Information

Name: _____

Reason for today's visit:

Please describe how and when problem began:

Rate your pain with the following scale: (circle one)

None 1 2 3 4 5 6 7 8 9 10 Intense

Medical History

Primary Physician: _____

May we send a report to your primary physician?

Yes No

Date of last physical exam: _____

Major Surgeries/Operations:

- Appendix Heart
- Back Hernia
- C-Section Leg
- Gall Bladder Neck
- Other: _____

Current Medications: _____

Allergies: _____

Have you suffered from any of the following:

- Anxiety Heart Trouble
- Arthritis High Blood Pressure
- Asthma Liver Disorder
- Backaches Neuritis
- Cancer Numbness
- Diabetes Rheumatic Fever
- Digestive Disorders Sinus Problems
- Dizziness Tuberculosis
- Headache
- Other: _____

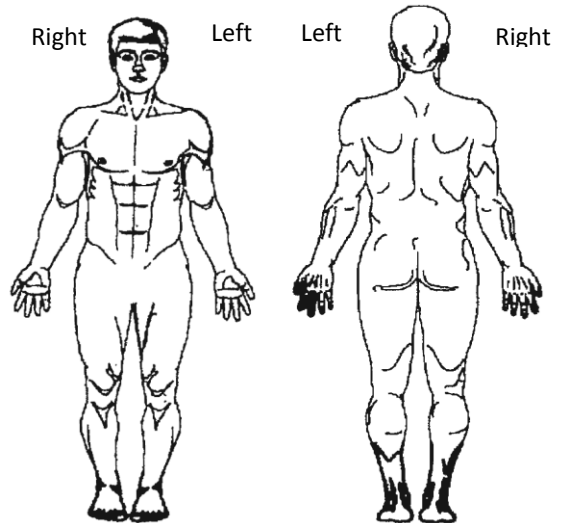
Do you have a Pacemaker/Defibrillator?

Yes No

Pain Diagram

Please complete the following "Pain Diagram" using the following letters to indicate your areas of pain.

- P Pain
- T Tingling
- N Numbness
- B Burning
- S Stiffness



Women Only

Are you pregnant? Yes No

If so, how many months? _____

Date of last menstrual period: _____