	ABOUT YOU:		Today	y's Date:
W	Name:		·	
E	☐ Male ☐ Female Date of Birth/		tht Weight	SS#
L	Marital Status: ☐ Single ☐ Married ☐ Die Education: # of years completed:			nt   Non-student
C	Home Address:  Street Address/P.O. Box	City	State	Zip Code
O	Employed:     Fulltime   Part Time	Job Satisfaction: Un	nsatisfied Satisfied Ve	ry Satisfied king/off since
1 <b>V1</b>	Home Phone #: Work	c Phone #:	Job Descript	ion:
$\mathbf{E}$	Employer Business Name:	Occupation: _		Years Employed:
	Employer's Address:  Street	City	State	Zip Code
W	What type of injury are we seeing you for?  ☐ Auto ☐ Other  ☐ Work Sports Injury	Emergency Cor	CY CONTACT INFO	DRMATION:
Insurance Insurance Subscribe	e Company Name:e Company Address: Ge Company Phone #: Ger's Name: Re	roup #:elationship:	Subscriber's SS#: Subscriber's Da	ate of Birth: //
Subscribe	er's Employer:			
Name of	Attorney: Tele	ephone #:	Date Ret	ained:
standards risks and The infor health inf	Consent Form: The undersigned hereby consents of care. It is understood that options exist for true benefits of proposed treatment are not clear to more mation within this chart is confidential. I understormation will be released with written authorizated Privacy Practices for more detailed information.	eatment and all treatment ne, I understand that furth stand that all requests for tion, with minimum disc	nts are choices between the information may be release of my records release of my records releasers as rela	risks and benefits. If the requested from Dr must be in writing. Protected ted to your care. Please see

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			– As	Alcohol Abuse	Arthritis – Gout	g Dis		8	_	na	sət	Heart Disease	poo	Kidney Disease	tric I	bac.		Tuberculosis	Chronic Pain		
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Patient Name:																]	Date	:			

**ABOUT YOUR FAMILYHISTORY:** 

<b>TESTS:</b> Please list the MOS	Γ recent date:			
Chest X-ray	EKG	Other 2	K-ray	MRI/CT Scans
HABITS: Smoking Alcohol Consumption Coffee or Tea Consumption Other Drug Use (Street Drugs) Exercise HOBBIES OR INTEREST:		# Drinks per day Cups per day Daily  We	0 − ½ □  ay  eekly □ Month	1½ - 1
ALLERGIES: Please list all	known allergies	especially to medi	<u> </u>	non-prescription drugs, vitamins, herbs
Treatment you are receiving Medical care ☐ Chiropa				
Are you: Right h	anded □	Left handed □	Ambio	lextrous $\square$
Back pain or stiffness	Currently Past	ark all that apply (When, #episodes	☐ Abnorm ☐ Breast lu ☐ Problem  Age periods Number of p Number of n Number of C Type of birth	
Do you have:  ☐ Changes in urine stream	☐ Sex conc		Date last per	od began:ently or possibly pregnant?
	ve trouble fallin	g asleep, poor app	etite, lack of int	erest in normally enjoyable activities,
DOCTOR'S NOTES:				
Patient Name:			Date:	

## REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

WHICH MOST CLOSELT DESCRIBES TOUR FROBLEM RIG	1111077.
SECTION 1 - Pain Intensity	SECTION 6 - Standing
	A I can stand as long as I want without pain.
A The pain comes and goes and is very mild.	B I have some pain while standing, but it does not increase with time.
B The pain is mild and does not vary much.	C I cannot stand for longer than one hour without increasing pain.
C The pain comes and goes and is moderate.	D I cannot stand for longer than 1/2 hour without increasing pain.
D The pain is moderate and does not vary much.	E I cannot stand for longer than ten minute without increasing pain.
E The pain comes and goes and is severe.	F I avoid standing, because it increases the pain straight away.
F The pain is severe and does not vary much.	J
SECTION 2 - Personal Care	SECTION 7 - Sleeping
A I would not have to change my way of washing or dressing in	1 0
order to avoid pain.	A I get no pain in bed.
B I do not normally change my way of washing or dressing even	B I get pain in bed, but it does not prevent me from sleeping well.
though it causes some pain.	C Because of pain, my normal night's sleep is reduced by less than
C Washing and dressing increases the pain, but I manage not to	one than one quarter.
change my way of doing it.	D Because of pain, my normal night's sleep is reduced by less than
D Washing and dressing increases the pain and I find it necessary to	one-half.
change my way of doing it.	E Because of pain, my normal night's sleep is reduced by less than
E Because of the pain, I am unable to do some washing and dressing	three-quarters.
without help.	F Pain prevents me from sleeping at all.
F Because of the pain, I am unable to do any washing or dressing	
without help.	
SECTION 3 - Lifting	SECTION 8 - Social Life
A I can lift heavy weights without extra pain.	·
B I can lift heavy weights, but it causes extra pain.	A My social life is normal and gives me no pain.
C Pain prevents me from lifting heavy weights off the floor.	B My social life is normal, but increases the degree of my pain.
D Pain prevents me from lifting heavy weights off the floor, but I	C Pain has no significant effect on my social life apart from limiting
can manage if they are conveniently positioned, eg. on a table.	my more energetic interests, My e.g., dancing, etc.
E Pain prevents me from lifting heavy weights, but I can manage	D Pain has restricted my social life and I do not go out very often.
light to medium weights if they are conveniently positioned.	E Pain has restricted my social life to my home.
F I can only lift very light weights, at the most.	F I have hardly any social life because of the pain.
SECTION 4 - Walking	SECTION 9 - Traveling
32011011 / Manning	A I get no pain while traveling.
A Pain does not prevent me from walking any distance.	B I get some pain while traveling, but none of my usual forms of
B Pain prevents me from walking more than one mile.	travel make it any worse.
C Pain prevents me from walking more than 1/2 mile.	C I get extra pain while traveling, but it does not compel me to seek
D Pain prevents me from walking more than 1/4 mile.	alternative forms of travel.
E I can only walk while using a cane or on crutches.	D I get extra pain while traveling which compels me to seek
F I am in bed most of the time and have to crawl to the toilet.	alternative forms of travel.
I I am in sea most of the time and have to crawl to the tones.	E Pain restricts all forms of travel.
	F Pain prevents all forms of travel except that done lying down.
SECTION 5 - Sitting	SECTION 10 - Changing Degree of Pain
SECTION 5 - Stating	A My pain is rapidly getting better.
A I can sit in any chair as long as I like without pain.	B My pain fluctuates, but overall is definitely getting better.
B I can only sit in my favorite chair as long as I like.	C My pain seems to be getting better, but improvement is slow at
C Pain prevents me from sitting more than one hour.	present.
•	*
D Pain prevents me from sitting more than 1/2 hour.	D My pain is neither getting better nor worse.
E Pain prevents me from sitting more than ten minutes.	E My pain is gradually worsening.
F Pain prevents me from sitting at all.	F My pain is rapidly worsening.

COMMENTS:	 			
NAME:		DATE:	SCORE:	

## NECK DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1 - Pain Intensity  A I have no pain at the moment.  B The pain is very mild at the moment.  B I can concentrate fully when I want to with no difficulty.  B I can concentrate fully when I want to with slight difficulty.
B The pain is very mild at the moment.  B I can concentrate fully when I want to with slight difficulty.
C The pain is moderate at the moment.  D The pain is fairly severe at the moment.  E The pain is very severe at the moment.  F The pain is the worst imaginable at the moment.  SECTION 2 -Personal Care (Washing, Dressing, etc.)  A I can look after myself normally without causing extra pain.  B I can look after myself normally, but it causes extra pain.  C It is painful to look after myself and I am slow and careful.  C I have a fair degree of difficulty in concentrating when I want to.  E I have a great deal of difficulty in concentrating when I want to.  E I have a fair degree of difficulty in concentrating when I want to.  E I have a great deal of difficulty in concentrating when I want to.  E I cannot concentrate at all.  SECTION 7 - Work  A I can do as much work as I want to.  B I can only do my usual work, but no more.  C I can do most of my usual work, but no more.
D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.  C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.
SECTION 3 - Lifting SECTION 8 - Driving
A I can lift heavy weights without extra pain.  B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.  A I can drive my car as long as I want with slight pain in my neck. C I can drive my car as long as I want because of moderate in my neck. E I can hardly drive at all because of severe pain in my neck. F I cannot drive my car at all.
SECTION 4 - Reading SECTION 9 - Sleeping
A I can read as much as I want to with no pain in my neck. B I can read as much as I want to with slight pain in my neck. C I can read as much as I want to with moderate pain in my neck. D I cannot read as much as I want because of moderate pain in my neck. E I cannot read as much as I want because of severe pain in my neck. F I cannot read at all.  A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)
SECTION 5 - Headaches SECTION 10 - Recreation
A I have no headaches at all.  B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.  A I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  C I am able to engage in most, but not all of my recreational activities because of pain in my neck.  D I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.  B I am able to engage in all of my recreational activities with no pain at all.
COMMENTS:
Name AgeDateScore

# COLORADO BLVD. CHIROPRACTIC CENTER

DR. JEFFREY MAEN DC 1325 S. COLORADO BLVD. #022 DENVER, CO. 80222 303-759-8333

#### **CONSENT FORM**

CONSERVITORIA	
I,	
Signature Date	
1. In this office different types of manipulations are performed, Diversified technique which usually involves spinal manipulation using speed and force when normally a release is felt and a popping heard. Activator method where an instrument is used give the adjustment (movement of a bone) which is painless and no sensations of jumovement is felt. Applied Kinesiology which is used to help to determine the spir levels to be treated and points touched on the body, which relate to those muscles. Some of these points are around or near the breast and pubic area, chest back and legs. (If you ever feel uncomfortable with this please inform the doctor).	a to oint
2. By my signature below, I authorize Colorado Blvd. Chiropractic Center to request any pertinent records or to release any information deemed appropriate to any doct insurance company or attorney in the course of my treatment or in order to process any claim for reimbursement of charges. I clearly understand and agree that I am personally responsible for payment of all services rendered to me as related to my insurance policy and explanation of benefits. I understand that I will be responsible for any interest charges, attorney fees, collection costs and court costs incurred in collecting the balance.	3
3. By my signature below, I acknowledge that there are inherent risks involved with spinal manipulation. In 1995, Rand Corporation reported that risks of serious complication approximate 1 in 1 million to 1 in 1.5 million treatments. I authorize the doctor to diagnose and treat my condition as deemed appropriate, including the use of spinal manipulation. I understand the above information and guarantee that information I have given is correct to the best of my knowledge.	•
Signature: Date	
If Minor, Parent or Guardian Signiture: Date	

	Red Flags: AHCPR, (Bigos, 1994)
Check-off list	<u> </u>
CANCER	
	History of cancer
	Unexplained weight loss
	Pain not improved with rest
	Age > 50
	Failure to respond to a course of conservative care (4 weeks)
	LBP > 4 weeks
INFECTION	
	Prolonged use of corticosteroids (such as organ transplant Rx)
	Intravenous drug use
	Urinary tract, respiratory tract or other infection
	Immunosuppression medication &/or condition
SPINAL FRA	ACTURE
	History of significant trauma
	Minor trauma in person >50 years old or osteoporotic
	Age >70 years old
	Prolonged use of corticosteroids
CAUDA EQI	UINA
	Acute onset urinary retention or overflow incontinence
	Loss of anal sphincter tone or fecal incontinence
	Saddle anesthesia
	Global or progressive motor weakness in lower limbs

## RED FLAG QUESTIONNAIRE

NAMI	E		DATE AGE
Please		the ap	propriate response. If "yes", please explain. If you are not sure, check the "?" bo $\underline{U!}$
NO	YES	?	
			Do you have a past history of cancer?
			Have you had any unexplained weight loss?
			Does your pain improve with rest?
			Are you over 50 years old?
			Failure to respond to a course of conservative care (4-6 weeks)?
			Have you had spinal pain greater than 4 weeks?
NO	YES	?	
			Prolonged use of corticosteroids (such as organ transplant Rx)?
			Intravenous drug use?
			Current or recent urinary tract, respiratory tract or other infection?
			Immunosuppression medication &/or condition?
NO	YES	?	
			History of significant trauma?
			Minor trauma in person >50 years old?
			Do you have osteoporosis (weak bones)?
			Are you over 70 years old?
			Any history of prolonged use of corticosteroids?
NO	YES	?	
			Acute onset urinary retention or overflow incontinence (wet underwear)
			Loss of anal sphincter tone or fecal incontinence (bowel accidents)
			Saddle anesthesia (numbness in the groin region)
			Global or progressive muscle weakness in the legs (legs give out)
COM	MENTS:		