

# UPDATED HEALTH STATUS

Milwaukie Chiropractic Center

Keith D. Johns, D.C. • Joseph Brignac III, D.C., F.A.C.O • Theresa White, D.C. • Tanner Johns, D.C. • Nicole Brown, D.C

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

PREFERRED PRONOUNS:  HE/HIM  SHE/HER  THEY/THEM

DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

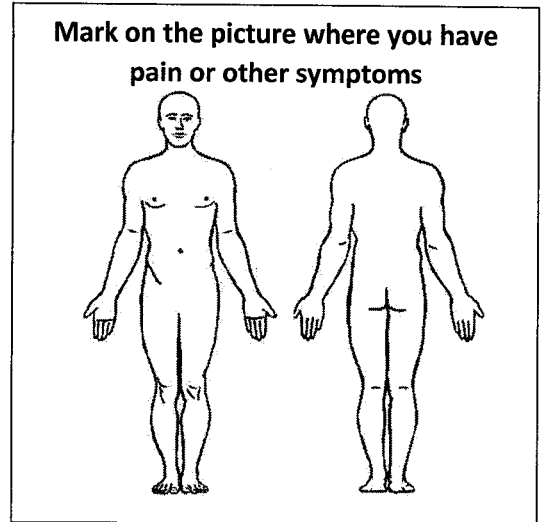
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE PROBLEM BEGAN: \_\_\_\_\_

Is this  Work Related or  Auto Related?

How do you feel today? \_\_\_\_\_

(No Pain)	0	1	2	3	4	5	6	7	8	9	10	(Excruciating)
(Please Circle)												



How often are your symptoms present?  0 - 25%  26 - 50%  51 - 75%  76 - 100%

Can you perform your daily activities?  Yes  No

If NO, describe: \_\_\_\_\_

HAVE YOU HAD ANY SPINAL X-RAYS, MRI OR CT SCANS?  Yes Date(s) taken: \_\_\_\_\_  No

What areas were taken? \_\_\_\_\_

Any changes to medications since your last visit?  Yes  No

Any new health conditions since your last visit?

If Yes, describe: \_\_\_\_\_

Any new injuries and/or surgeries since your last visit?  Yes  No

If Yes, describe \_\_\_\_\_

Have you received any treatment for the complaint since your last visit?  Yes  No

If Yes, describe \_\_\_\_\_

I certify that the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services rendered and I agree to notify the doctor immediately whenever I have changes in my health condition or health plan coverage in the future

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

# POLICY AND PATIENT DATA

- **PAYMENT** is due at the time of service, unless other arrangements have been made
- An **INSURANCE CONTRACT** is between the patient and the patient's insurance company; therefore, it is the responsibility of the patient to keep the account current
- Patients involved in **LITIGATION** (lawsuits) are, as others, responsible for their services at the clinic
- We reserve the right to **BILL FOR MISSED APPOINTMENTS**
- Personal cleanliness is requested do to the close interpersonal nature of this work
- **SMOKING IS PROHIBITED**

## PATIENT INFORMATION

MALE  FEMALE

SINGLE  MARRIED  OTHER

PATIENT'S NAME (Last, First, Middle Initial)			DATE OF BIRTH	AGE	SSN	
PATIENT'S ADDRESS (No., Street)			DRIVER'S LICENSE NUMBER	STATE OF ISSUE	HEIGHT	WEIGHT
CITY	STATE	ZIP CODE	EMAIL ADDRESS		WERE YOU REFERRED? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, by:	
HOME PHONE NUMBER (Include Area Code)	WORK PHONE NUMBER (Include Area Code)		MOBILE PHONE NUMBER (Include Area Code)		OCCUPATION	
EMPLOYER OR SCHOOL NAME		FULL TIME	PART TIME	EMPLOYER/SCHOOL ADDRESS		

## EMERGENCY CONTACT INFORMATION *In the event of an emergency, who should we contact?*

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER (Include Area Code)
------	--------------	--

## INSURANCE SUBSCRIBER INFORMATION (CIRCLE ONE IF APPLICABLE) SPOUSE PARENT OTHER:

NAME (Last, First, Middle Initial)			DATE OF BIRTH	AGE	SSN
HOME PHONE NUMBER (Include Area Code)	MOBILE PHONE NUMBER (Include Area Code)		EMAIL ADDRESS		
OCCUPATION	EMPLOYER OR SCHOOL NAME	EMPLOYER/SCHOOL ADDRESS			

PATIENT SIGNATURE <b>X</b>	DATE
-------------------------------	------

THE ABOVE SIGNATURE IS AN ACKNOWLEDGMENT THAT I HAVE READ THE POLICIES ABOVE AND AGREE TO ABIDE BY THEM

GUARDIAN'S SIGNATURE (IF APPLICABLE) <b>X</b>	DATE
--	------

IF THE PATIENT IS A MINOR: AS LEGAL GUARDIAN, PERMISSION IS HEREBY GIVEN BY ME, TO YOUR PROVIDER TO TREAT THE PATIENT.

YOU ARE AUTHORIZED TO RELEASE ANY INFORMATION YOU DEEM APPROPRIATE CONCERNING MY PHYSICAL CONDITION(S) TO ANY INSURANCE COMPANY, ATTORNEY, PRIMARY CARE PROVIDERS, OR ADJUSTER IN ORDER TO PROCESS ANY CLAIM FOR REIMBURSEMENT OF CHARGES INCURRED BY ME AS A RESULT OF PROFESSIONAL SERVICES RENDERED BY YOU, AND I HEREBY RELEASE KEITH D. JOHNS, D.C., P.C. DBA MILWAUKIE CHIROPRACTIC CENTER, ITS PROVIDERS AND ASSOCIATES OF ANY CONSEQUENCES THEREOF.

PATIENT SIGNATURE	DATE
-------------------	------

MY SIGNATURE IS AN ACKNOWLEDGMENT THAT I HAVE READ THE ABOVE STATEMENT AND PERMISSION IS HEREBY GIVEN BY ME

## NECK PAIN DISABILITY INDEX QUESTIONS

**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 every section by CIRCLING THE ONE CHOICE that most applies to you.** We realize you may feel that more than one statement may relate to you but **PLEASE CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES HOW 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
- 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 6 – CONCENTRATION

- A I can concentrate fully when I want with no difficulty
- B I can concentrate when I want with slight difficulty
- C I have a fair degree of difficulty concentrating when I want
- D I have a lot of difficulty in concentrating when I want
- E I have a great deal of difficulty in concentrating when I want
- F I cannot concentrate at all

### SECTION 2 – PERSONAL CARE (e.g., 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
- D I need some help, but manage most of my personal care
- E I need help everyday in most aspects of self care
- F I do not get dressed, wash with difficulty, and stay in bed

### SECTION 7 – WORK

- A I can do as much work as I want to
- B I can do my usual work, but no more
- 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

- 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 placed (e.g., on a table)
- D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if conveniently placed
- E I can lift very light weights
- F I cannot lift or carry anything at all

### SECTION 8 – DRIVING

- A I can drive my car without any neck pain
- B I can drive my car as long as I want with slight neck pain
- C I can drive my car as long as I want with moderate pain
- D I cannot drive my car as long as I want due to moderate neck pain
- E I can hardly drive at all because of severe pain in my neck
- F I cannot drive at all

### SECTION 4 – READING

- 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 with slight pain in my neck
- C I can read as much as I want with moderate pain in my neck
- D I cannot read as much as I want due to moderate neck pain
- E I cannot read as much as I want due to severe neck pain
- F I cannot read at all

### SECTION 9 – SLEEPING

- A I have no trouble sleeping
- B My sleep is slightly disturbed (<1 hour sleepless)
- C My sleep is mildly disturbed (1-2 hours sleepless)
- D 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 sleepless)

### SECTION 5 – HEADACHES

- A I have no headaches at all
- B I have slight headaches which come infrequently
- C I have moderate headaches that come infrequently
- D I have moderate headaches that come frequently
- E I have severe headaches which come frequently
- F I have headaches almost all the time

### SECTION 10 – RECREATION

- A I am able to engage in all my recreational activities with no neck pain
- B I am able to engage in all of my recreational activities with some pain in my neck
- C I am able to engage in most of my recreational activities due to neck pain
- D I am able to engage in some of my recreational activities due to pain in my neck
- E I can hardly do any recreational activities due to neck pain
- F I cannot do any recreational activities at all

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCORE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**OSWESTRY DISABILITY INDEX (FOR BACK PAIN)**

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

**SECTION 1 – PAIN INTENSITY**

- A The pain comes and goes and is very mild
- B The pain is mild and does not vary much
- C The pain comes and goes and goes
- D The pain is severe but comes and goes
- E The pain is severe and does not vary
- F The pain is the worst imaginable at the moment

**SECTION 6 – STANDING**

- A I can stand as long as I want without pain
- B I have some pain while standing, but it doesn't increase with time
- C I cannot stand for longer than one hour without increasing pain
- D I cannot stand for longer than a ½ hour without increasing pain
- E I can't stand for more than 10 minutes without increasing pain
- F I avoid standing because it increases pain immediately

**SECTION 2 – PERSONAL CARE (e.g., 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
- D I need some help, but manage most of my personal care
- E I need help everyday in most aspects of self care
- F I do not get dressed, wash with difficulty, and stay in bed

**SECTION 7 – SLEEPING**

- A I get no pain in bed
- B I get pain in bed, but it doesn't prevent me from sleeping
- C Due to pain my normal sleep is reduced by less than 1/4
- D Due to pain my normal sleep is reduced by less than 1/2
- E Due to pain my normal sleep is reduced by less than 3/4
- F Pain prevents me from sleeping at all

**SECTION 3 – LIFTING**

- 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 placed (e.g., on a table)
- D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if conveniently placed
- E I can lift very light weights
- F I cannot lift or carry anything at all

**SECTION 8 – SOCIAL LIFE**

- A My social life is normal and gives me no pain
- B My social life is normal, but increases the degree of pain
- C Pain has no significant effect on my social life other than limiting my more energetic interests
- D Pain has restricted my social life and I do not go out often
- E Pain has restricted my social life to my home
- F I have no social life due to pain

**SECTION 4 – WALKING**

- A Pain does not prevent me from walking any distance
- B Pain prevents me from walking more than one mile
- C Pain prevents me from walking about a mile
- D Pain prevents me from walking more than a ½ mile
- E I can only walk while using assistance (e.g. cane, crutches)
- F I am in bed most of the time and have to crawl to the toilet

**SECTION 9 – TRAVELLING**

- A I get no pain while travelling
- B Travelling causes some pain but none of my usual travel makes it worse
- C Travelling causes extra pain but not enough to seek alternative forms of travel
- D Travelling causes extra pain compelling me to seek alternative forms of travel
- E Pain restricts all forms of travel
- F Pain prevents all forms of travel besides while laying down

**SECTION 5 – SITTING**

- A I can sit in any chair as long as I want without pain
- B I can only sit in my favorite chair as long as I like
- C Pain prevents me from sitting more than an hour
- D Pain prevents me from sitting more than ½ an hour
- E Pain prevents me from sitting more than 10 minutes
- F Pain prevents me from sitting at all

**SECTION 10 – CHANGING DEGREE OF PAIN**

- A My pain is rapidly getting better
- B My pain fluctuates but is overall getting better
- C My pain seems to be getting better but is slowly improving
- D My pain is neither getting better or worse
- E My pain is gradually worsening
- F My pain is rapidly worsening

**SCORE:****PATIENT NAME:****DATE:**