

Dr. Ford Franklin, DC
Pain Relief and Wellness
www.DrFordFranklin.com

The Healthy Place
7392 South Broadway
Red Hook, NY 12571

Tel. (845) 758-3600
Fax. (845) 758-2600
office@DrFordFranklin.com

Dr. Ford Franklin Welcomes You to The Healthy Place!

Your Name _____

Today's Date _____

Let's start where it counts... What is your Major pain or symptom?

Is it? Constant Frequent Occasional First time Getting worse Getting better

I've had it since _____ Ever had it before? No Yes Many times

What activity makes it worse? _____ Better? _____

Other symptoms and pains now or recently _____

Other chiropractors? _____ Positive experience? _____

Other doctors or therapists? _____ Positive experience? _____

Now the mundane but necessary information:

Street Address _____

City/Town _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell phone (____) _____ - _____

For FREE health info: Your E-mail: _____

** Don't worry. We won't inundate you with email, and none of this information ever leaves this office.*

Gender Male Female Your Date of Birth _____ Age today _____

Marital Status : S M D W Spouse's name _____ # of children? _____

Employer _____ Work Phone (____) _____ - _____

Employer address _____

Please describe your job duties (not your title)

What kind of exercise do you do? _____

Your favorite recreation _____ How often? _____

What else do you do repeatedly at work or at home? _____

How did you hear about us? Referral Print Ad Internet Ad Web Search Other

If by referral, whom may we thank? _____

Please turn over... the reverse side of this form is just a short checklist. You are almost done!

Please let us know about any health problems you have had in the past. Please be open, and do not assume that something may not be related. You'd be surprised what can get you!
For the "yeses", we'll cover the details in the consultation.

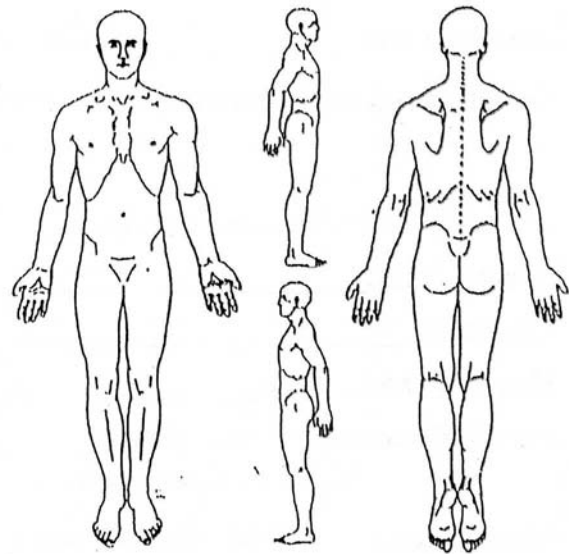
- Auto accident(s) – EVER! ...
- Anything that resulted in a broken bone
- On-the-job-injury
- Injured in the military
- High school or college contact sports
- Recent infections (last 3 years)
- Chronic illness, now or ever
- Heart problems
- Kidney problems
- Lung problems
- Any kind of cancer
- Eating problems (Does something eat you?)
- Digestive problems
- Intestinal or elimination problems
- Injuries to your feet
- Problems getting born (YOUR Birth)

Please mark your areas of pain

P = PAIN Ten = Tenderness

N = Numb Ting = Tingling

O = Other (describe)



Does anyone else in your family (Blood relatives only) have anything similar to your present problem? Who? _____

Are you diabetic? Do you smoke?

List ALL medications you take now _____

Surgeries?(Ever!) _____

WOMEN: Are you pregnant? No Yes

WOMEN: Did you have trouble giving birth? ... Yes No I have no children

Everybody: Anything unusual that I should know about? _____

Are you claiming? Medicare Hurt on your job Car Crash (NY-registered car)

If you claim none of those three, then you are done with the paperwork.

If you are claiming one, we have a bit more to do.