



# New Complaint

4311 W 6<sup>th</sup> Street, Ste C  
Lawrence, KS 66049  
785-856-0423

## PERSONAL DATA:

Today's Date \_\_\_\_\_

Name (first middle last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Gender: M / F Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relation to Patient \_\_\_\_\_

## FINANCIAL INFORMATION:

Any change in responsible party or insurance coverage?  Yes  No

## REASON FOR SEEKING CHIROPRACTIC CARE:

Describe Major Complaint \_\_\_\_\_

Describe WHEN and HOW this began \_\_\_\_\_

Quality of Complaint  Sharp  Stabbing  Burning  Achy  Dull  Stiff & Sore  Other

Does this complaint radiate/shoot to any areas of your body?  No  Yes -Location \_\_\_\_\_

Severity of Complaint  None (0)  Mild (1-2)  Mild-Mod (2-4)  Moderate (4-6)  Mod-Severe (6-8)  Severe (8-10)

Frequency  Always  Hourly  Daily  Occasionally

Daily activities affected by this condition (Please check all that apply)

- Work/School  Exercise/Sports  Driving  Walking  Sleep
- Sitting  Stairs  Love Life  Eating  Other activities

Please explain \_\_\_\_\_

Aggravates Condition  Sit  Stand  Walk  Lying  Sleep  Overuse  Other \_\_\_\_\_

Improves Condition  Ice  Heat  Rest  Movement  Stretching  OTC Meds  Other \_\_\_\_\_

For this CURRENT condition, have you:

Received any treatment?  None  DC  MD  PT  Massage  ER  Other \_\_\_\_\_

If yes, explain \_\_\_\_\_

Diagnostic Testing?  None  X-Rays  MRI  CT  Other \_\_\_\_\_

Describe Additional Complaints \_\_\_\_\_

## Pick all areas you are interested in receiving or learning more information about:

- Pain Relief  Nutrition  Kinesiology Taping (RockTape)  Acupuncture  Posture
- Exercise Plan  Leaky Gut  Reducing Lifestyle Toxins  Body Cleanse  Massage
- Relief & Prevention of Symptoms  Healthier spine & nerve system  Optimal Health  Other

*I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize RCC to provide me with chiropractic care, diagnostic testing, and/or therapeutic services, in accordance to Kansas' statutes.*

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Treating Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_