

Advanced Chiropractic Clinic

19641 E. Parker Square Drive, Ste. J
Parker, CO 80134

303-841-2524

PATIENT INFORMATION Account #: _____

Patient Information	Date: _____
Name: _____ <small>Last First Middle Initial</small>	SS#: _____
Address: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Work Phone: _____ Employer: _____
Date of Birth: _____	Age: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status: <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Spouse's Name: _____	Phone: _____
Spouse's Employer: _____	Work Phone: _____
Emergency Contact: _____	Phone: _____
Referral Source (please list specific provider, media source, etc.) _____	
Primary Health Care Provider: _____	
Address: _____	Phone: _____
Other providers you have seen for this specific condition: _____	
NOTE: The front desk will have you sign a Patient Authorization to Release Information form and we will request records from other providers that have participated in your care. This will help assure that we have all information concerning your condition.	

Insurance/Attorney Information	Policy #: _____	Group #: _____
Insurance Company/Type of Coverage (circle one)	Claim # (auto or w/c): _____	
Preferred One BC/BS Select Care Medica HealthPartners Medicare Medical Assistance		
Auto Work Comp Personal Injury Stu/Fam Emp/Fam Alum Commercial No Coverage		
Insurance Company Name: _____	Phone: _____	
Address: _____	City: _____	State: _____ Zip: _____
Insured's Name: _____	Date of Birth: _____	SS#: _____
Attorney: _____	Phone: _____	
Address: _____	City: _____	State: _____ Zip: _____

NECK DISABILITY INDEX

Name: _____

Date: _____

How long have you had neck pain? _____ Years _____ Months _____ Weeks
How long have you had headaches? _____ Years _____ Months _____ Weeks

Please read carefully:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE BOX which applies to you. We realize that you may consider that two of the statements in any one section relate to you but please just mark the one box which most closely describes your problem.

Section 1 – Pain Intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Section 2 – Personal Care (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It's painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, wash with difficulty, and stay in bed.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy objects off the floor but I can manage if they are conveniently positioned (e.g. on a table).
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

Section 4 – Reading

- I can read as much as I want with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I can hardly read at all due to severe pain in my neck.
- I cannot read at all.

Section 5 – Headaches

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

Section 6 – Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

Section 7 – Work

- I can do as much work as I want to.
- I can only do my usual work but no more.
- I can do most of my usual work but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

Section 8 – Driving

- I can drive without any neck pain.
- I can drive as long as I want with slight pain in my neck.
- I can drive as long as I want with moderate pain in my neck.
- I cannot drive as long as I want because of moderate pain in my neck.
- I can hardly drive at all due to severe pain in my neck.
- I cannot drive my car at all.

Section 9 – Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

Section 10 – Recreation

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities with some pain in my neck.
- I am able to engage in most but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I cannot do any recreation activities at all.

The Revised Oswestry Disability Index (for low back pain/dysfunction)

Name: _____

Date: _____

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the **ONE BOX** that applies to you. We realize that you may consider that two of the statements in any one section relate to you but please just mark the box that most closely describes your problem.

Section 1 – Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- The pain is severe and does not vary much.

Section 2 – Personal Care

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing and dressing without help.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor but I manage if they are conveniently positioned (e.g. on a table).
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

Section 4 – Walking

- I have no pain when walking
- I have some pain when walking but it does not increase with distance.
- I cannot walk more than one mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

Section 5 – Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain right away.

Section 6 – Standing

- I can stand as long as I want without pain.
- I have some pain on standing but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain right away.

Section 7 – Sleeping

- I have no pain while lying down.
- I have pain while lying down but it does not prevent me from sleeping well.
- Because of pain, my normal night's sleep is reduced by less than 1/4.
- Because of pain, my normal night's sleep is reduced by less than 1/2.
- Because of pain, my normal night's sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

Section 8 – Social Life

- My social life is normal and gives me no pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.)
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

Section 9 – Traveling

- I get no pain when traveling.
- I get some pain while traveling but none of my usual forms of travel make it any worse.
- I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

Section 10 – Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but is definitively getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.