

# INITIAL HISTORY

Ki Chiropractic, PLLC, 9500 Roosevelt Way NE, Suite 302, Seattle, WA 98115 206-409-9447

Patient: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Vitals: Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Chief Complaint (What is bothering you?)

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Mechanism of Trauma (How did it happen?)

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Onset (When did it start?) \_\_\_\_\_

Quality/Character (sharp, dull, ache) \_\_\_\_\_

Frequency/Duration (When and how long?) \_\_\_\_\_

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What makes you feel better? \_\_\_\_\_

What makes you feel worse? \_\_\_\_\_

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Referral/Other Symptoms? \_\_\_\_\_

Previous Occurrences? \_\_\_\_\_

Patient \_\_\_\_\_

**Last Examination:** \_\_\_\_\_

**Hospitalizations/Surgeries:** \_\_\_\_\_

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

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Previous Chiropractic Care:** \_\_\_\_\_

**Other History:** \_\_\_\_\_

**Relevant Family History:** \_\_\_\_\_

\_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

**History Taken By:** \_\_\_\_\_

**Reviewed by Doctor:** \_\_\_\_\_

**Notes:**

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