

INJURED WORKER INITIAL HISTORY

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Patient: _____ Today's Date: _____

Vitals: Ht: _____ Wt: _____

Chief Complaint (What is bothering you?)

Mechanism of Trauma (How did it happen?)

Onset (When did it start?) _____

Quality/Character (sharp, dull, ache) _____

Frequency/Duration (When and how long?) _____

What makes you feel better? _____

What makes you feel worse? _____

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:

