

# Creative Chiropractic Solutions

Dr Andrew Fetterman

804 E Lancaster Ave, Berwyn, PA 19312 610.722.0240

Welcome! We Thank You for Your Trust!

## Tell Us About You!

1. Name (Last, First, MI):

-----

2. Address (Street, City, State, Zip):

-----

-----

3. Contact Information

Cell: -----

Home: -----

Work: -----

email: -----

4. Employer's Name and Address

-----

-----

5. Occupation:

-----

6. How Young Are You? Date of Birth?

-----

7. Social Security Number

-----

8.  Male  Female

9.  Married  Single  Divorced  Other

10. Spouse's Name: -----

11. Number of Children: -----

12. Is it possible you are Pregnant? Y N

13. Referred By: -----

14. Do You Have Health Insurance? Y N

15. Are You Here Due To:

Vehicle Accident  Slip or Fall

Health Problem  Wellness Care

EMERGENCY CONTACT:NAME:----- RELATIONSHIP:----- PHONE:-----

## REASON FOR CARE

1. Why are you seeking care? -----

2. When did the problem start? -----

3. Have you had this problem before  Yes  No If "Yes", when:-----

4. Is the problem (check all that apply):  constant  intermittent  numbness  pins and needles  
 dull ache  sharp  burning  radiating  localized  better in the a.m  better in the p.m.  
 better while active  better while sitting  better while laying

5. Describe any other health problems -----

-----

6. Have you ever been to a Chiropractor before?  Yes  No If "yes" when you were there last?---

7. List Current Medications -----

8. List Past Surgeries and Dates -----

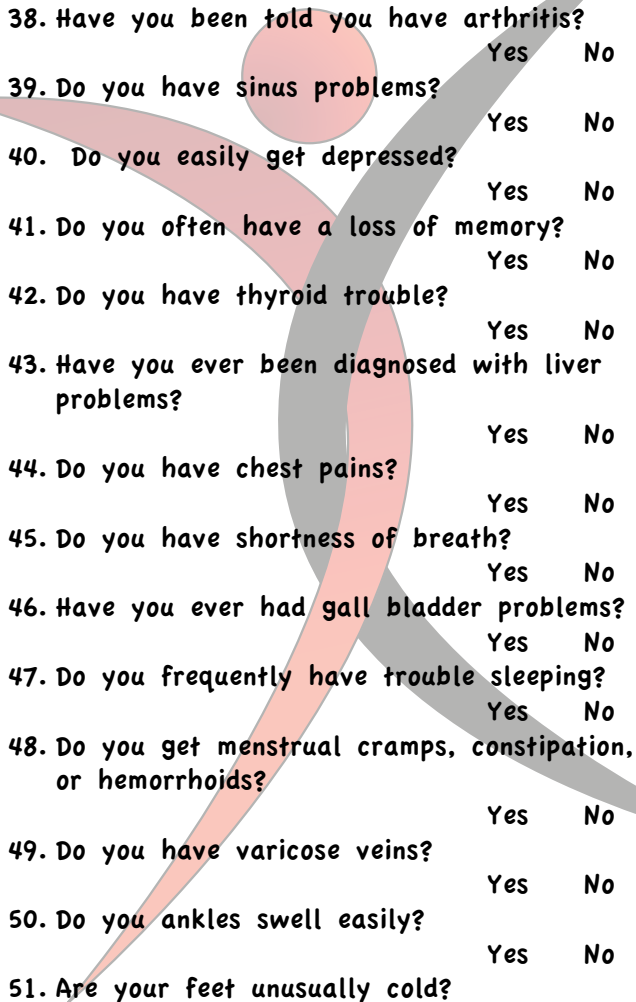
9. List Past Accidents and Dates -----

PLEASE SIGN: ----- DATE:-----

# Confidential Questionnaire

**Directions:** Circle the most appropriate answer. If you don't know, circle both. If you need to, write comments. **MOST IMPORTANT: HAVE FUN!!!**

1. Have you noticed anything wrong with your eyes (sight, dizziness, blurred vision,)?  
Yes No
2. Do you have trouble with your sense of smell?  
Yes No
3. Do you have ringing in your ears?  
Yes No
4. Are you hard of hearing?  
Yes No
5. Do you get pain or discomfort when you bite?  
Yes No
6. Do you get any abnormal sensations of taste?  
Yes No
7. Do you have any problems with speech?  
Yes No
8. Does it hurt, or is it difficult to swallow?  
Yes No
9. Does it hurt to shrug your shoulders?  
Yes No
10. Do you have any trouble with normal tongue movement?  
Yes No
11. Do you get pain that wakes you up from sleep?  
Yes No
12. Do you ever notice blindspots?  
Yes No
13. Do you ever have any abnormal bleeding (nose, ears, mouth, stool, urine)?  
Yes No
14. Have you ever been in a coma?  
Yes No
15. Have you ever had a stroke?  
Yes No
16. Do you have asthma or allergies?  
Yes No
17. Have you suffered from frequent leg cramps?  
Yes No
18. Has a doctor ever said that you have heart trouble?  
Yes No
19. Do you often eat sweets between meals?  
Yes No
20. Has a doctor ever said you have ulcers?  
Yes No
21. Does arthritis run in your family?  
Yes No
22. Does pressure or pain in the head often make life miserable?  
Yes No
23. Have you ever fainted in your life?  
Yes No
24. Is illness common in your family?  
Yes No
25. Do you have numbness or tingling in any part of your body?  
Yes No
26. Were you ever knocked unconscious?  
Yes No
27. Have you had a twitch of the face, head or shoulder?  
Yes No
28. Have you or someone in your family ever had convulsions (or epilepsy)?  
Yes No
29. Are you or were you a bed wetter?  
To what age? \_\_\_\_\_ Yes No
30. Have you had tests that indicate the possibility of a venereal disease?  
Yes No
31. Have you ever had a tumor or cancer?  
Yes No
32. Do you often have small accidents or injuries?  
Yes No
33. Did you ever have a serious injury?  
Explain: \_\_\_\_\_ Yes No
34. Are you often ill?  
Yes No
35. Are you a "nervous" person?  
Yes No
36. Has a doctor ever said that your blood pressure was too high?  
Yes No
37. Have you been told you have osteoporosis (brittle bones)?  
Yes No

- 
38. Have you been told you have arthritis?  
Yes No
39. Do you have sinus problems?  
Yes No
40. Do you easily get depressed?  
Yes No
41. Do you often have a loss of memory?  
Yes No
42. Do you have thyroid trouble?  
Yes No
43. Have you ever been diagnosed with liver problems?  
Yes No
44. Do you have chest pains?  
Yes No
45. Do you have shortness of breath?  
Yes No
46. Have you ever had gall bladder problems?  
Yes No
47. Do you frequently have trouble sleeping?  
Yes No
48. Do you get menstrual cramps, constipation, or hemorrhoids?  
Yes No
49. Do you have varicose veins?  
Yes No
50. Do you ankles swell easily?  
Yes No
51. Are your feet unusually cold?  
Yes No

52. Have you ever had T.B. (tuberculosis)?  
Yes No
53. Have you ever had diabetes?  
Yes No
54. Have you ever been diagnosed as hypoglycemic?  
Yes No
55. Do you have any addictions?  
Yes No
56. Do you have any history of being abused as a child?  
Yes No
- Now, Re-Read Our Other Literature, If Necessary, To Help You Answer These Last Few Questions.
57. Do you know that the power that made the body can heal the body?  
Yes No
58. Do you know that each cell receives its "life force" from the brain; that interference will cause a malfunction?  
Yes No
59. Do you know that Chiropractic works toward correcting interference to life forces between the brain and the tissues, that is, we correct vertebral subluxations?  
Yes No

**Thanks!!**

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Our only practice objective is to eliminate or reduce the vertebral subluxation, which is a major interference to the expression of the body's innate wisdom. Our only method is by using specific chiropractic adjustments. We will be asking you to make a commitment within yourself to:

1. Be here when due.
2. Stick with the program of care.
3. Attend one of our patient orientations.

Always ask us when you have a question. Not asking a question can lead to confusion and a loss of communication. Remember, to improve your personal "life force" is a mutual effort. Its success depends upon communication, commitment, and understanding. Appointments can be made mornings, afternoons, or evenings. Work out what is best for you. We care about what is best for you.

I, \_\_\_\_\_ have read and understand the above statements and therefore accept care on this basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_