ATLAS CLINIC

Today's Date_____

Name_____ Age_____ DOB_____

Address_____ City_____ Zip_____

Phone (H)_____ (W) _____ (C)_____

Male/Female SSN_____

Marital Status S M W D No of Children_____

Email address _____

Were you referred to this office? Y N If so, by whom?_____

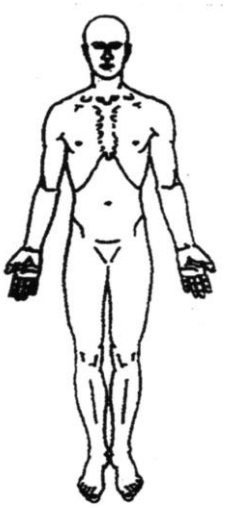
Your Health Complaint(s)

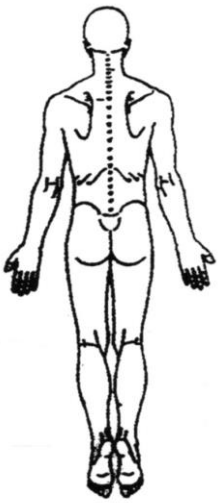
PAIN LEVEL ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ AREA _____

Please Indicate Pain or Loss of Function in the areas listed below

CHIEF COMPLAINT	**FUNCTIONAL LEVEL**			
	MILD	**MODERATE**	**SEVERE**	**EXTREME**
1. HEAD	0 1 2 3	4 5 6	7 8 9	10
2. NECK	0 1 2 3	4 5 6	7 8 9	10
3. UPPER BACK	0 1 2 3	4 5 6	7 8 9	10
4. MID BACK	0 1 2 3	4 5 6	7 8 9	10
5. LOW BACK	0 1 2 3	4 5 6	7 8 9	10
6. HIPS	0 1 2 3	4 5 6	7 8 9	10
7. SHOULDERS	0 1 2 3	4 5 6	7 8 9	10
8. ARMS, HANDS	0 1 2 3	4 5 6	7 8 9	10
9. LEGS, FEET	0 1 2 3	4 5 6	7 8 9	10

Please Circle areas of complaint on the drawings to the Right





Patient Quality Of Life Survey

Name: _____ *Date:* _____

Please take several minutes to answer these questions so we can help you get better.
(Please circle as many that apply)

1. How have you taken care of your health in the past?

   a. Medications
   b. Emergency Room
   c. Routine Medical
   d. Exercise
   e. Nutrition/Diet
   f. Holistic Care
   g. Vitamins
   h. Chiropractic
   i. Other (pleasespecify): _____

2. How did the previous method(s) work out for you?

   a. Bad results
   b. Some results
   c. Great results
   d. Nothing changed
   e. Did not get worse
   f. Did not work very long
   g. Still trying
   h. Confused

3. How have others been affected by your health condition?

   a. No one isaffected
   b. Haven't noticed any problem
   c. They tell me to do something
   d. People avoid me

4. What are you afraid this might be (or beginning) to affect (or will affect)?

   a. Job
   b. Kids
   c. Future ability
   d. Marriage
   e. Self-esteem
   f. Sleep
   g. Time
   h. Finances
   i. Freedom

How has your health condition affected your job, relationships, finances, family, or other activities? Please give examples:

What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.) Give 3 examples:

What are you most concerned with regarding your problem?

Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be specific

What would be different/better without this problem? Please be specific

What do you desire most to get from working with us?