Body Balance Chiropractic Dr. Robert Allred 1300 N 200 E, Ste 110 Logan, UT 84341 434-755-3432 body-balancechiropractic.com

## **UPDATED CONTACT INFORMATION**

Please fill in your name and other demographic information that may need to be changed or updated in our files.

Today's Date (MM/DD/YYYY)			_	Patient Number (office use only)				
Your Last Name		Your Social Security Number	Birth Date (MM/DD/YYYY)	Age				
Your First Name		Your Middle Name (or Initial)	<b>Gender</b> ○ Male ○ Female	Race				
Address			Marital Status ○ Married ○ Single ○ Divorced	Ethnicity				
City	State/Province	ZIP/Postal Code	○ Widowed ○ Separated	Preferred Language				
Home Phone	Cell Phone		Spouse's Name					
Email Address			Child's Name and Age					
Emergency Contact	Emergency Con	tact's Phone	Child's Name and Age					
Your Occupation			Child's Name and Age					
Your Employer			Work Phone					
Address			May we contact you at work	k?				
City	State/Province	ZIP/Postal Code	Preferred method of contact  O Home Phone O Cell Phone	ne				
Primary Care Provider's Name			○ Work Phone ○ Email	JPD				
Insurance Carrier		Policy Number		UPDATED				
Insured's Last Name		Birth Date (MM/DD/YYYY)	Who carries this policy?  Self Spouse Parel	ဂ				
Insured's First Name	Insured's Middl	e Name (or Initial)						
Insured's Employer								
Address				NTACT INFORMATIC				
City	State/Province	ZIP/Postal Code	Employer's Phone	ੈ ≤				
I certify that any changes to my persona	l information have been up	odated above for your records. $\frac{1}{Si}$	gnature					

Body Balance Chiropractic Dr. Robert Allred 1300 N 200 E, Ste 110 Logan, UT 84341 434-755-3432 body-balancechiropractic.com

## **UPDATED PATIENT HISTORY**

Today's Date (MM/DD/YYYY)							Patient Number (office use only)
Your Last Name	You	ur First Name			Your Mid	dle Name (or l	nitial)
$\bigcirc$ I have new contact information							This updated patient
Please select one:							history is for:
<ul> <li>Progress evaluation – I've been under</li> <li>New condition – I've been under care ar</li> <li>Maintenance patient – I'm under main</li> <li>Returning patient – After a period of in</li> </ul>	nd a new or returning conditenance care with a new or	ition has emerged. returning health issue.					Current Patient Periodic Re-evaluation Current Patient Additional Complaint/ Exacerbation
Current symptoms:							Maintenance Patient (circle on Exacerbation
1. Location (Where does it hurt?) Circle the area (s) on the illustration.	2. Quality of symptom:  Numbness  Tingling  Stiffness  Dull  Aching  Cramps  Nagging  Sharp  Burning  Shooting  Throbbing  Stabbing	4. Duration and Timi Constant Come ar When did it start and 5. Radiation (Does it does the pain radiate, s  6. Aggravating or re worse, such as time of or what tends to worse the problem?	ng (When did it start ad goes. how often? affect other areas of hoot or travel.)  lieving factors (W lay, movements, ceri	Jncomfor and how your boo	table v often do y  dy? To wha	Agonizing ou feel it?)  t areas	Re-Occurrence New Episode  Inactive Patient (circle one) Exacerbation Re-Occurrence New Episode
7. Prior interventions (What have you done to	Other orelieve the symptoms?)	What tends to lesser the problem?  8. What else should		about y	our currei	nt	Consultation Notes —
	O Ice	condition?					uo <sub>O</sub>
Over-the-counter drugs Acupuncture Homeopathic remedies Chiropractic Physical therapy Massage	Other						Ę
9. Review of systems (Identify any change	es since your most recent ev	valuation with us):		Worse	No Change	Improved	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<ul> <li>a. Musculoskeletal System – Such as</li> <li>b. Neurological System – Such as ans</li> <li>c. Cardiovascular System – Such as asth</li> <li>d. Respiratory System – Such as asth</li> <li>e. Digestive System – Such as anorex</li> <li>f. Sensory System – Such as blurred v</li> <li>g. Skin System – Such as skin cancer,</li> <li>h. Endocrine System – Such as thyroid</li> <li>i. Genitourinary System – Such as ki</li> <li>j. Constitutional System – Such as fai</li> </ul>	xiety, depression, headache high blood pressure, low bl ma, apnea, emphysema, ha ia/bulimia, ulcer, food sens vision, ringing in ears, hear psoriasis, eczema, acne, ha issues, immune disorders, dney stones, infertility, bedy	e, dizziness, pins and need lood pressure, high chole ay fever, shortness of brea citivities, heartburn, consti- ring loss, chronic ear infec- air loss, rash, etc. hypoglycemia, frequent wetting, prostate issues, F	dles, numbness, etc. sterol, angina, etc. th, pneumonia, etc. pation, diarrhea, etc. tion, etc. etc. etc. etc. etc. etc. etc. etc.	0 0 0 0 0		0 0 0 0 0 0 0 0 0	DATED PATIENT HISTOR
10. Illnesses, operations, injuries or tr				$\circ$	0		7

**Doctor's Initials** 



Prayer or meditation?   Tell Dr. Allred about your health habits and stress levels.)	Alcohol use	Alcohol use														
Coffee use  O Daily	Coffee use	Coffee use	12. Social His	<b>tory (</b> Tell [	Dr. Allred ab	out yo	ur health	habits and s	stress leve	ls.)						Patient Number (office use only)
Tobacco use  O Daily	Tobacco use   Daily   Weekly   How much?   Financial peace?   Yes   No	Tobacco use	Alcohol use	ODaily	○Weekly	How	much?				Prayer or med	itation?	○ Yes	S ○No		
Exercising Daily Weekly How much? Vaccinated? Yes No Pain relievers Daily Weekly How much? Mercury fillings? Yes No Soft drinks Daily Weekly How much? Recreational drugs? Yes No Water intake Daily Weekly How much? Recreational drugs? Yes No  13. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    No	Exercising   Daily   Weekly   How much?   Waccinated?   Yes   No   Pain relievers   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Soft drinks   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreatio	Exercising Obaly Weekly How much? Vaccinated? Yes No Pain relievers Obaly Weekly How much? Mercury fillings? Yes No Soft drinks Obaly Weekly How much? Recreational drugs? Yes No  Soft drinks Obaly Weekly How much? Recreational drugs? Yes No  Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)  No Mild Mercury fillings? Yes No  Recreational drugs? Yes No  Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)  No Mild Mercury fillings? Yes No  Recreational drugs? Yes No  Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)  No Mild Mercury fillings? Yes No  No Mercury fillings?  Yes No  No  No Mercury fillings?  Yes No  No Mercury fillings?  Yes No  No  No Mercury fill dusty fill fill selections  No Mercury fill dusty fill fill fill fill fill fill fill fil	Coffee use	○ Daily	-		much?				Job pressure/s	stress?	○ Yes	S ○No		
Pain relievers	Pain rolievers	Pain relievers   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Soft drinks   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Daily   Weekly   How much?   Recreational drugs?   Yes   No   Water intake   Daily   Daily   Living (How does this condition currently interfere with your life and ability to function?)  3. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    No	Tobacco use	○ Daily	○ Weekly						Financial peac	e?	○ Yes	S ○No		
Soft drinks	Soft drinks	Solt drinks	Exercising	-	-								○ Yes			
Water intake Daily Weekly How much?  Hobbies:    33. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    34. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    35. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    36. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    37. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    38. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    38. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    38. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    38. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    48. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    49. Activities of Daily Living (How does this condition life and ability to function?)    40. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    50. Activities of Daily Living (How does this condition)   50. Activities of Daily Living (How does this condition)   50. Activities of Daily Moderate Severe Effect Ef	Water intake	Water intake			_								_			
Sitting	Hobbies:	Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)    Sitting		-	-						Recreational d	rugs?	○ Yes	S \( \cap \No		
Sitting	Sitting	Sitting														
Sitting Grocery shopping Grocery shoppin	Sitting	Sitting — Caring for family — Caring over shoulder — Caring for family — Caring for fa	3. Activities (	of Daily L	• .				•	e with your life and ab	ility to function?					
Rising out of chair  Standing  Walking  Reaching overhead  Lying down  Bending over  Climbing stairs  Using a computer  Getting in/out of car  Driving a car  Concentrating  Looking over shoulder  Caring for family  A. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is	Rising out of chair  Household chores  Lifting objects  Lifting objects  Lying down  Reaching overhead  Lying down  Bending over  Climbing stairs  Love life  Using a computer  Getting in/out of car  Staying asleep  Driving a car  Concentrating  Looking over shoulder  Caring for family  Yard work  A. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?	Rising out of chair  Household chores  Litting objects  Litting objects  Lying down  Reaching overhead  Lying down  Bending over  Climbing stairs  Love life  Using a computer  Getting in/out of car  Driving a car  Concentrating  Driving a car  Looking over shoulder  Caring for family  Yard work  A. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?	Sitting —		E	Effect			Effect	Grocery shopping		Effect				
Standing	Standing  Walking  Reaching overhead  Dressing myself  Using a computer  Getting in/out of car  Driving a car  Concentrating  Caring for family  Yard work  Walking  Reaching overhead  Dressing myself  Concentrating  Concentrating  The properties of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.  Walking  Reaching overhead  Dressing overhead  Dressing myself  Concentrating  Concentrating  Yard work  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Standing				_	_ 	_  					_ 	_ _ 		
Walking — — — — — — — — — — — — — — — — — — —	Walking — — — — — — — — — — — — — — — — — — —	Walking — — — — — — — — — — — — — — — — — — —					_ <u>_</u>	 				•	_ <u>_</u>		<u> </u>	
Bending over	Bending over	Bending over	=			_			<u> </u>			_			_O	
Climbing stairs  Using a computer  Getting to sleep  Driving a car  Concentrating  Caring for family  Yard work  Love life  Concentrating  Exercising  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is	Climbing stairs  Using a computer  Getting in/out of car  Staying asleep  Driving a car  Concentrating  Exercising  Caring for family  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Climbing stairs  Using a computer  Getting to sleep  Driving a car  Concentrating  Exercising  Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?	Lying down —			<del></del>			<u> </u>	Showering or bath	ing —				<b>—</b>	
Using a computer Getting to sleep Getting to sleep Staying asleep Concentrating Exercising Caring for family Yard work Staying about your current condition, your progress or ways your current condition is	Using a computer Getting to sleep Getting to sleep Staying asleep Concentrating Looking over shoulder Staying asleep Staying a	Using a computer  Getting in/out of car  Driving a car  Concentrating  Looking over shoulder  Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is affecting your life?	Bending over -			<del></del>		<u> </u>	<u> </u>	Dressing myself -					<u> </u>	
Caring for family Yard work — — — — — — — — — — — — — — — — — — —	Caring for family  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.	Climbing stairs	S ———		<del></del>			<u> </u>	Love life ———			<u> </u>		<u> </u>	  -   S
Caring for family Yard work — — — — — — — — — — — — — — — — — — —	Caring for family  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.	Using a compu	ıter ———		<del></del>		<u> </u>	<u> </u>	Getting to sleep –		<del>-</del> O-	<u> </u>		<u> </u>	Note
Caring for family Yard work — — — — — — — — — — — — — — — — — — —	Caring for family  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.	Getting in/out of	of car——		<del></del>	<u> </u>		<u> </u>	Staying asleep—		<del>-</del>	<u> </u>	_0_	<b>—</b> ○	ation
Caring for family Yard work — — — — — — — — — — — — — — — — — — —	Caring for family  Yard work  14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	Caring for family  Yard work  4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is ffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.				_	_	<u> </u>	<u> </u>	_		_	_		<u> </u>	usulk
14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is	14. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is affecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	4. Is there anything else Dr. Allred should know about your current condition, your progress or ways your current condition is iffecting your life?  To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.	=			_	_	<u> </u>	<u> </u>	•		_	<u> </u>		$\overline{}$	<i>O</i> O _
	To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.	to the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, everity or cause of my health concern.	Caring for fami	ly ———		$\bigcirc$	<u> </u>	<u> </u>	$\overline{}$	Yard work ———		<u> </u>	<u> </u>	<del>-</del> O-	<u> </u>	
	severity or cause of my health concern.	everity or cause of my health concern.	4. Is there an	ything el				ow about y					ur current	condition	——————————————————————————————————————	
																Doctor's Initial
Doctor's Initial	Doctor's Initial	Doctor's Initial														
Doctor's Initial																Body Balance ( Dr. Robert Allro

Date (MM/DD/YYYY)

Signature

Version No. 178111446
© 2013 Paperwork Project. All rights reserved.