

Patient Re-Examination Form

This form must be completed by ALL existing patients with new injuries or have not visited our clinic within the past three months.

Brown Family Chiropractic, LLC

6232 Bankers Rd, Lower Level

Racine, Wi. 53403

P: 262-598-0918

F: 262-598-0941

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Cell/Home: _____

Email Address: _____

Current symptoms began on: ____/____/____ (mm/dd/yyyy)

Briefly describe symptoms: _____

How did your symptoms start? _____

How much have your symptoms interfered with your daily activities?

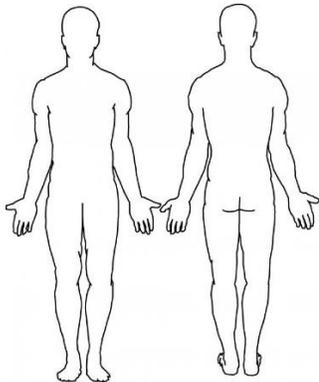
1-Not at all 2-A little bit 3-Moderately 4-Quite a bit 5-Extremely

Average Pain Intensity: (Circle Best Answers)

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10

Past week: no pain 0 1 2 3 4 5 6 7 8 9 10

Please mark the areas where you are experiencing symptoms.



Have you had any trauma or serious illness since your last visit here? Y N

List all current chronic diseases you're dealing with: (i.e. high blood pressure, RA) _____

List all medications and supplements you are currently taking: _____
