

Ahwatukee *Life!* Center

FAMILY CHIROPRACTIC • QUENTON N. MORLEY B.Sc., D.C.

4855 E Warner Rd • Suite A23 • Phoenix • Arizona • ☎(480) 893-3437 • 📠(480)893-9192

www.AhwatukeeLifeCenter.com

Statement of Purpose

Ahwatukee Life! Center offers a unique opportunity for you and your family to discover the benefits of Chiropractic care and learn how this will assist you in obtaining your goal of optimum health.

Confidential Personal Information

Patient Name _____ Date of Birth ____/____/____ Age ____
SS# ____/____/____ Home Ph () ____-____ Cel Ph () ____-____
Address _____
Apt# _____ City _____ State _____ Zip _____
Occupation _____ Employer _____ Wk Ph () ____-____
(If Minor) Parent/Guardian's Name _____
Spouse's Name _____ Spouse's Employer _____
In case of emergency, call _____ Relationship _____ Phone () ____-____
Email address _____ How did you hear about our office?
 Referral _____ Google YellowPages Directory Ad Other

Health History

Chief Complaint _____
Other doctors seen for this condition _____
Is this condition/injury due to work injury or an automobile accident? Work Auto No
List all medications you are currently taking _____
History of all surgeries _____
Relevant family history: Diabetes Cancer High Blood Pressure Arthritis Heart Disease
Emphysema Stroke Other _____

Females Only Are you pregnant? No Yes Maybe

Have you had chiropractic care? No Yes, when was your last adjustment?

Signature X _____ Date _____

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Please **circle the number** that describes your pain

1-2-3=Little 4-5-6=Medium 7-8-9-10=Severe

SKELETAL

- Neck 1 2 3 4 5 6 7 8 9 10
- Headaches 1 2 3 4 5 6 7 8 9 10
- TMJ/Jaw 1 2 3 4 5 6 7 8 9 10
- Upper Back 1 2 3 4 5 6 7 8 9 10
- Shoulders 1 2 3 4 5 6 7 8 9 10
- Arms Lt/Rt 1 2 3 4 5 6 7 8 9 10
- Mid Back 1 2 3 4 5 6 7 8 9 10
- Low Back 1 2 3 4 5 6 7 8 9 10
- Hips Lt/Rt 1 2 3 4 5 6 7 8 9 10
- Legs Lt/Rt 1 2 3 4 5 6 7 8 9 10
- 1 2 3 4 5 6 7 8 9 10

Please **check all symptoms** you have currently
OR list the **date** when you last had the symptom.

DIGESTIVE

- Irritable Bowel Syndrome _____
- Heartburn _____
- Ulcers _____
- Gas/Bloating _____
- Constipation _____
- Diarrhea _____
- Frequent Nausea/Vomiting _____
- Gallbladder Problems _____
- Liver Problems _____
- Weight Trouble _____
- Abdominal Cramps _____
- _____

URINARY

- Kidney Stones _____
- Bladder Infections _____
- Urination Problems _____
- _____

Please **check all symptoms** you have currently
OR list the **date** when you last had the symptom.

NERVOUS SYSTEM

- Concussion _____
- Fainting _____
- Dizziness _____
- Numbness _____
- Buzz/Ring in Ears _____
- Confusion/Depression _____
- Paralysis _____
- Forgetfulness _____
- _____

CIRCULATORY

- High Blood Pressure _____
- Heart Problems _____
- Chest Pain _____
- Shortness of Breath _____
- Stroke _____
- _____

RESPIRATORY

- Asthma _____
- Allergies _____
- Sinus Infection _____
- Lung Problems _____
- _____

HORMONAL

- Thyroid Problems _____
- Estrogen _____
- Insulin/Diabetes _____
- _____

Functional Rating Index

For use with **Neck and/or Back Problems** only.

In order to properly assess your condition, we must understand how much your **neck and/or back problems** have affected your ability to manage everyday activities

For each item below, **please circle the number which most closely describes your condition right now.**

Pain Intensity

0	1	2	3	4
No pain	Mild pain	Moderate pain	Severe pain	Worst possible pain

Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do few activities	Cannot do any activities

Sleeping

0	1	2	3	4
Perfect sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

Frequency of pain

0	1	2	3	4
No pain	Occasional pain 25% of the time	Intermittent pain 50% of the time	Frequent pain 75% of the time	Constant pain 100% of the time

Personal Care (washing, dressing, etc.)

0	1	2	3	4
No pain No restrictions	Mild pain No restrictions	Moderate pain Need to go slowly	Moderate pain Needs some assistance	Severe pain Need 100% assistance

Lifting

0	1	2	3	4
No pain with heavy weight	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Travel (driving, etc)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Severe pain on long trips	Severe pain on short trips

Walking

0	1	2	3	4
No pain any distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking

Work

0	1	2	3	4
Can do usual work plus unlimited extra work	Can do usual work No extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot work

Standing

0	1	2	3	4
No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any standing

Print Name _____

Total Score _____

Signature _____

Date _____

- The Functional Rating Index has been standardized in research settings for Neck and Back Pain injury problems. (Fiese and Menke, Spine: 26:78-87, Jan, 2001). It has been found to be more responsive, reliable, and easier to use than the well known 18 item Roland-Morris Disability Questionnaire. (Wunpen, et al, Spine:30:141-145, Jan 1, 2005)
- Ahwatukee Life Center is using this instrument as a clinical monitoring tool for all neuromuscular and orthopedic pain as well, including such problems as headaches, fibromyalgia, and extremity injuries.