Welcome to Kukurin Chiropractic Network

You made the right choice

Our office is rated one of the top chiropractic offices in America by the Consumers Research Council of America We were voted one of the top ten offices by Who's Who of Medicine And we have been named as one of American's Leading Professionals by Who's Who

We are very thorough, please take the time to complete this comprehensive health information booklet. We take your health seriously. ~Dr George W. Kukurin

Administrative Information

		Age	Birthday
E	Box	Social	Security #
State	Zip		Marital Status: single married
			- F
Home			
ome []eN	Iail		How many children ?
nd out a	bout our of	ffice?	
irrent patien	t		[] Insurance Book
elevision [] Read about th	e office in nev	vspaper [] Radio
rnet [] Otl	ner		
n	Check all	that apply con	cerning your job
Name of employer [] computer		work [] desk work [] prolonged sitting	
[] stress/pre		essure []	shifts exceed 8 hours [] standing
	[] lifting [] bending [] twisting [] reaching		
	– [] exposed	l to chemicals	[] exposed to smoke
United Healt	hcare [] Aeti		
lent and pro	vide the date		
	_		
	State Home oome []eM nd out a urrent patient elevision [rnet []Otl n n Ple Jnited Healt rica []Ot	@ Home@ Home and out about our of urrent patient elevision [] Read about the rnet [] Other [] Check all the [] compute [] stress/pr [] lifting [] exposed Please let us copy y	Box Social State Zip @

Check all that apply	Where	How bad	How often	How bothersome
Major/Current Complaints	Right / Left	N/10	25% 50% 75% 100%	none slight moderate severe
[] Headaches				
[] Neck Pain				
[] Upper Back Pain				
[] Pain near shoulder blades				
[] Pain in lower back				
[] Pain in buttocks				
[] Shoulder pain				
[] elbow pain				
[] Wrist/hand pain				
[] hip pain				
[] groin pain				
[] knee pain				
[] foot/ankle pain				
[] dizziness				
[] numbness in [] arms [] hands				
[] numbness in [] thighs [] legs				
[] numbness in feet				
	I		iSS	<u>.</u>

Does your current problem(s) affect your

[] work [] relationship with your family [] hobbies [] sleep [] recreational activities

Is there a particular activity that you can not do now that you wish you could do again?

How long has your current problem been bothering you?

Is your current problem [] getting worse [] about the same [] slowly improving

If you continue to suffer from your current condition, describe how you think you'll be in another six months to a year?

Have you consulted with any other doctors for this condition? [] No [] Yes, if yes, what medication/treatment were you given?

How helpful was previous treatment [] not effective [] took the edge off [] helped a lot

Have you had [] X-Rays [] MRI [] CT Scans [] Nerve Tests [] Blood Tests or other tests for your current condition?

Often knowing your family history will help us to both diagnose and formulate an effective treatment plan. Please take a moment to provide us with your family history. Does anyone in your family suffer from the same or similar condition as yours?

Who/relation	What problem?	Type of care they received?	How effective was it?
1			
2			
3			

As a courtesy to our patients we provide free health information to friends and family. Would you like us to send them relevant brochures on how they may improve their condition ? Yes No

It is important for us to know your detailed health history so we can provide you with effective and safe treatment that is tailored to your health status. Please take the time to list those conditions that you have or have had. <u>If you have any unusual health issues</u> that are not listed make sure you bring them to the attention of the doctor.

 [] Painful or burning urination [] Frequent or night urination [] Blood in urine [] Dark or foul smelling urination [] Trouble starting urination [] Trouble starting urination [] Leaking / urinary incontinence [] Urinary tract infections [] Vrinary tract infections [] Kidney stones [] Prostate troubles / surgery [] Bladder troubles / surgery [] Bladder troubles / surgery How much water or other healthful fluid do you drink per day? cups [] Arthritis [] Rheumatoid Arthritis [] Lupus 	 Chest pains Light headedness Numbness in jaw Numbness in arm Shortness of breath Cramping in legs Anemia Heart surgery Pace maker Clotting Disorder Bleeding Disorder High Blood Pressure Heart attack Aneurysm Asthma Lung surgery COPD Tuberculosis Sinus / allergies 	 [] Abdominal pain [] Acid reflex [] Indigestion [] Heart burn [] Gall bladder disease [] Diarrhea [] Constipation [] Blood in stool [] Hemorrhoids [] Colitis [] Irritable bowl syndrome [] Pancreatitis [] Liver disease [] Hepatitis [] Food intolerance [] Food allergies [] Trouble swallowing [] Diabetes 	 [] Headaches [] Blurred Vision [] Memory Loss [] Multiple Sclerosis [] Stroke [] TIA [] Parkinson's Disease [] Depression [] Bipolar Disorder [] Schizophrenia [] Herniated Disc [] Carpal Tunnel Syn [] seizures [] ADHD [] panic attacks [] fainting [] addiction [] anorexia [] bulimia
[] Autoimmune disease[] Temporal Arteritis	[] Swollen ankles[] Fatigue	[] Crohn's Disease	[] fibromyalgia
[] Gout[] Stenosis[] Osteoporosis	[] Cancer[] CystitisAre you taking any blood	 Menstrual Difficulty Miscarriages Poly-cystic Ovaries 	[] recurrent infection[] HIV/AIDs[] sinus infections
 Chronic cough Sore throats Fatigue Swollen ankles Heart palpitations Habits	thinning medications? Are you taking cholesterol lowering medications?	 PMS Hot Flashes Menopausal Symptoms Are you pregnant? Endometriosis Taking birth control pills? Do you have breast implants? Thyroid Problems 	 [] swollen lymph nodes [] rashes [] dermatitis [] cancer [] leukemia [] recurrent fever [] Herpes

Smoke No Yes PPD	How often do you exercise?	What is your usual weight?	Lbs.
Alcohol No Yes			
Caffeinated Drinks per day	Never Rarely	Has your weight been: []Increasing	[]Decreasing [] Stable
Recreational drugs No Yes			
Exercise No Yes	Occasionally Frequently	What is your height? Feet	Inches

<u>Medications</u>: Many medications produce side effects, knowing what medications you are taking may help us determine what is wrong with you and will certainly modify many of the recommendations we may offer to you. Please take a few minutes to list your medications so we can take better care of you.

<u>Vitamins</u>: Providing our patients with up-to date information on diet, nutrition and supplements is a big part of what we do for our patients. Please take the time to list all supplements that you are currently taking, so we may coordinate our care and recommendations with your current nutritional program.

Family Doctor: Most of our patients are referred to us by their family doctor or some other health care specialist. As a professional courtesy we like to send a report of our findings to our patient's primary care provider and also request the results of their examination findings. Please take the time to list your primary care provider and if possible provide their address and phone number.

<u>Surgeries / Fractures</u>: Many surgeries and some fractures will change the way we approach our management of your condition, please take a moment to list any and all surgeries you have had and also any broken or fractured bones you have experienced.

Goals of care: We treat many types of patients that have various goals for their care. Please check all of the boxes below that apply to your health care goals.

[X] Quick fix. I want to get out of pain quickly

- [] Rehab/Exercise: I want to know how to take care of my body, and learn how to keep it functioning after the pain is gone
- [] I'd like guidance on diet, nutrition and supplements I can take to get and stay healthy.
- [] I am interesting in learning stress reduction methods
- [] I'm interested in learning about tests that I can take to determine what I need to get and stay healthy.
- [] I'm interested in weight loss advice
- [] Other, please describe...

I certify that the information provided is true and correct to the best of my knowledge.	Initials
I have received a Risk/Benefit Brochure /analysis.	Initials
I authorize the Drs. of Kukurin Chiropractic to examine and treat me in accordance with applicable state laws	Initials
I have been advised of my privacy rights under HIPPA	Initials
I authorize the doctors of Kukurin Chiropractic to obtain any and all medical records deemed necessary for the proper diagnosis and treatment of my condition	Initials