Waterbury Chiropractic Wellness

Dr. Robin Waterbury, DC
1400 Shelby Drive
Dyersburg, TN 38024
Phone 731.377.5550

Patient Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Carrier: _____

Social Security Number: _____ Email: _____

Birth Date: _____ Age: _____ Gender: M F Other ____ Height: _____ Weight:_____

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed Number of Children:_____

Employer: _____ Work Phone: _____

Type of Work: _____

Name of Emergency Contact: _____ Phone: _____Relationship: _____

Referred to this office by: _____ How did you hear about us? _____

Major Surgery(s) / Operations & Dates:_____

Major Accidents or Falls: _____

Please list your reason(s) for this visit or your condition(s) in order of Importance:	Date you first noticed:	Using a scale in which "0" is none (no pain or pain symptoms) & "10" is severe pain or symptoms, circle the number that best reflects your pain: None……..to……..Severe	Please check the box below that best represents how much of the time your feel your pain or symptoms for the listed reason(s):
1. _____	_____	0 1 2 3 4 5 6 7 8 9 10	☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%
2. _____	_____	0 1 2 3 4 5 6 7 8 9 10	☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%
3. _____	_____	0 1 2 3 4 5 6 7 8 9 10	☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%
4. _____	_____	0 1 2 3 4 5 6 7 8 9 10	☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

For each of the reason(s) or conditions(s) listed above, please mark how it happened:

1. ☐ Developed over time ☐ Illness ☐ Injury ☐ Auto Accident ☐ _____ ☐ I don't know
2. ☐ Developed over time ☐ Illness ☐ Injury ☐ Auto Accident ☐ _____ ☐ I don't know
3. ☐ Developed over time ☐ Illness ☐ Injury ☐ Auto Accident ☐ _____ ☐ I don't know
4. ☐ Developed over time ☐ Illness ☐ Injury ☐ Auto Accident ☐ _____ ☐ I don't know

Please check the box that best describes whether your pain or symptom(s) limit normal activities:

Activity	Normal	Somewhat Limited	Severely Limited	Activity	Normal	Somewhat Limited	Severely Limited
Lifting	☐	☐	☐	Intercourse	☐	☐	☐
Bending	☐	☐	☐	Computer work/typing	☐	☐	☐
Standing	☐	☐	☐	Normal Work	☐	☐	☐
Walking	☐	☐	☐	Household Activities	☐	☐	☐
Sitting	☐	☐	☐	Recreational Activities	☐	☐	☐
Climbing Stairs	☐	☐	☐	Others listed below:			
Running	☐	☐	☐	_____	☐	☐	☐
Resting in Bed	☐	☐	☐	_____	☐	☐	☐