

Torrey Hills Chiropractic ~ Dr. Steve Ronco

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Please answer the following questions. This will assist Dr. Ronco in completing a thorough evaluation.

Name: _____ Date of Birth: _____

1. The **primary** symptom(s) that have prompted me to seek care today include: _____

2. Are these symptoms the result of (circle yes or no):

an auto accident? Y N
a work related injury? Y N
a sports related injury? Y N

a worsening long term problem? Y N
an interest in over-all wellness? Y N
other _____

3. Onset (Describe what happened. When did you first notice your current symptoms?) _____

4. Intensity (How extreme are your current symptoms?) circle level of discomfort on a scale of 0 to 10

(No Pain) 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (Severe Pain)

5. Duration and Timing (When did it start and how often do you feel it?)

Constant? Y N Comes and goes? Y N How often? _____

6. Radiating (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?)

7. Relieving or aggravating factors (What makes it better or worse, such as time of day, motion, activities, etc.)

What makes the problem better? _____

What makes the problem worse? _____

8. Prior interventions (What have you done to relieve the symptoms?)

Prescription medications	Y	N	When? _____	Acupuncture	Y	N	When? _____
Over-the-counter drugs	Y	N	When? _____	Chiropractic	Y	N	When? _____
Homeopathic Remedies	Y	N	When? _____	Massage	Y	N	When? _____
Physical Therapy	Y	N	When? _____	Other _____			When? _____
Surgery	Y	N	When? _____				

9. What else should Dr. Ronco know about your current condition? _____

10. How does your current condition interfere with your:

Work or career: _____

Recreational activities: _____

Household responsibilities: _____

Personal relationships: _____

Are there any additional problems or areas of concern? Y N

Patient Signature _____ Date _____