David Byers, D.C.

Byers Family Chiropractic

	nt Name:							
Addre	ess				City	r	State	Zip Code
								ie
Sex						W	Date of Birth	Age
Occup	oation							
Emplo	oyer							
Who 1	may we that	ank for referring	g you to our o	ffice? _				
ls this	visit goin	g to be for you	or your famil	y?		Family		Myself
s this	visit for a	specific compl	aint or wellne	ess care	?	Specifi	c complaint	Wellness care
Have	you ever r	eceived Chiropi	ractic care?	Yes	No	If yes,	when?	Any X-Rays?
Name	of most re	ecent Chiroprac	tor:					
1.	Reasons f	or seeking chir	opractic car	e:				
Prima	ry reason:							
Secon	dary reaso							
	dary reaso Previous i	n: nterventions, t	reatments, n	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:
2.	dary reaso Previous i	n: nterventions, t	reatments, n	nedicati	ons, surg	gery, or car	e you've sought f	or your complaint:
2.	dary reaso Previous i	n: nterventions, t	reatments, n	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:
2.	dary reaso Previous i	n: nterventions, t th History:	reatments, n	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:
2.	Previous i Previous i Previous i A. B.	n: interventions, t th History: Previous illr	reatments, n nesses you've jury or Trau	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:
2.	Previous i Previous i Previous i A. B.	n: nterventions, t th History: Previous illr Previous Inj	reatments, n nesses you've jury or Trau	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:
2.	dary reaso Previous i Previous i Past Healt A. B. Have y	n: interventions, t th History: Previous illr Previous Inj you ever broke	reatments, n nesses you've jury or Trau n any bones	nedicati	ons, surg	gery, or car	e you've sought f	òr your complaint:

111 W Fillmore St. Phone:719-447-0711

		Date:	
E. Date	Surgeries:	Type of Surgery	
F. Pregn	Females: Pregnancies and outcom ancies Date of Delivery	es: Outcome	
-	lealth History:		
Associated heal	1		
Deaths in imme		Age at death	
Deaths in imme	ediate family:	Age at death	
eaths in imme ause of parent . Social an	ediate family: ts or siblings death d Occupational History:	Age at death	
Deaths in imme Cause of parent . Social an A.	ediate family: ts or siblings death d Occupational History: Job description:	Age at death	

performed.

Patient or Guardian Signature _____ Date _____

2

111 W Fillmore St. Phone:719-447-0711 Colorado Springs, CO Fax:719-447-0755

Patient Name: _____ Date: _____

NEW PATIENT HISTORY FORM

• On a scale from 0-10, v	with 10 being the w	voisi, pieuse enere i			s the symptom mo
of the time: $0 1 2$					
• What percentage of the	•	•			•
5% 10% 15% 20% 25% 30		6 50% 55% 60%	65% 70% 75	5% 80% 85%	90% 95% 100%
• When did the symptom					
o Did the symp	otom begin suddenl	ly or gradually? (cir	cle one)	Sudde	en Gradual
	symptom begin? _				
• What makes the symptotic					
sitting, standing		ward, tilting to left, sitting position, lift			
• What makes the symptotic					
o Rest, ice, hea	t, stretching, exerc	sise, massage, pain 1	nedication, m	uscle relaxers,	
nothing, Other	(please describe):				
• Describe the quality of					
o Sharp, dull,	achy, burning, thro	bbing, piercing, sho	ooting, stabbin	ng, nagging, de	ep, superficial,
pin-point pain,	generalized area o	f pain, Other (pleas	e describe): _		
 Does the symptom radi 	iate to another part	of your body (circl	e one):	Yes	No
o If yes, where	does the symptom	radiate?			
		1 1 1 1 0 (Day	Night
• Is the symptom worse a	at certain times of f	the day or night? (c	ircle one):	Day	8
o Morning Symptom 2 • On a scale from 0-10, w	Afternoon with 10 being the w	Evening	Night	Unaffected I	by time of day
o Morning Symptom 2 • On a scale from 0-10, w	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal	Evening vorst, please circle t 7 8 9 10 ke do you experience	Night he number the	Unaffected I at best describe ymptom at the a	by time of day s the symptom mo above intensity:
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the	Afternoon with 10 being the w 2 3 4 5 6 e time you are awak % 35% 40% 45%	Evening vorst, please circle t 7 8 9 10 ke do you experience	Night he number the	Unaffected I at best describe ymptom at the a	by time of day s the symptom mo above intensity:
o Morning Symptom 2 • On a scale from 0-10, w of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awah % 35% 40% 45% n begin?	Evening vorst, please circle t 7 8 9 10 ke do you experience	Night he number the the above s 65% 70% 75	Unaffected I at best describe ymptom at the a	by time of day s the symptom mo above intensity: 90% 95% 100%
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30° • When did the symptom o Did the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% h begin? ptom begin suddenl	Evening vorst, please circle t 7 8 9 10 ke do you experience 6 50% 55% 60%	Night he number the se the above s 65% 70% 75 cle one)	Unaffected I at best describe ymptom at the 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% m Gradual
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30° • When did the symptom o Did the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin?	Evening vorst, please circle t 7 8 9 10 ke do you experienc 6 50% 55% 60%	Night he number the se the above s 65% 70% 75 cle one)	Unaffected I at best describe ymptom at the 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% m Gradual
o Morning Symptom 2 • On a scale from 0-10, w of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30° • When did the symptone o Did the symptone o How did the symptone o How did the symptone o Bending forw sitting, standing	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% h begin?	Evening vorst, please circle t 7 8 9 10 ke do you experienc 6 50% 55% 60%	Night he number the set he above so 65% 70% 75 cle one) tilting to righting, any move	Unaffected I at best describe ymptom at the 5% 80% 85% Sudde at, turning to lef	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
o Morning Symptom 2 • On a scale from 0-10, w of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptone o Did the symptone o How did the symptone o How did the symptone o Bending forw sitting, standing	Afternoon with 10 being the w 2 3 4 5 6 e time you are awak % 35% 40% 45% n begin? otom begin suddenl symptom begin? om worse? (circle a ward, bending back g, getting up from a (please describe):	Evening vorst, please circle t 7 8 9 10 ke do you experience 50% 55% 60% ly or gradually? (cir all that apply): ward, tilting to left, sitting position, lifti	Night he number the set he above so 65% 70% 75 cle one) tilting to righting, any move	Unaffected I at best describe ymptom at the 5% 80% 85% Sudde at, turning to lef	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
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o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom o Did the symptom o How did the • What makes the symptom o Bending forw sitting, standing nothing, other (• What makes the symptom o Rest, ice, heat	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% a begin? otom begin suddenl symptom begin? om worse? (circle a vard, bending back g, getting up from a (please describe): om better? (circle a	Evening vorst, please circle t 7 8 9 10 ke do you experience 6 50% 55% 60% ly or gradually? (cir all that apply): ward, tilting to left, sitting position, lifti all that apply): cise, massage, pain t	Night he number the se the above s 65% 70% 75 cle one) tilting to righting, any move	Unaffected I at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom o Did the symptom o How did the symptom o How did the symptom o Bending forw sitting, standing nothing, other (• What makes the symptom o Rest, ice, hear nothing, Other • Describe the quality of	Afternoon with 10 being the w 2 3 4 5 6 2 time you are awal % 35% 40% 45% a begin? otom begin suddenl symptom begin? om worse? (circle a vard, bending back g, getting up from ; (please describe): om better? (circle a it, stretching, exerce (please describe): 'the symptom (circ	Evening vorst, please circle t 7 8 9 10 ke do you experience 6 50% 55% 60% ly or gradually? (cir all that apply): ward, tilting to left, sitting position, lifti all that apply): eise, massage, pain n circle all that apply):	Night he number the se the above s 65% 70% 75 cle one) tilting to righ ing, any move medication, m	Unaffected I at best describe ymptom at the a 5% 80% 85% Sudde at, turning to lef ement, driving, uscle relaxers,	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right, walking, running,
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom o Did the symptom o How did the symptom o How did the symptom o Bending forw sitting, standing nothing, other (• What makes the symptom o Rest, ice, head nothing, Other • Describe the quality of o Sharp, dull, a	Afternoon with 10 being the w 2 3 4 5 6 2 time you are awal % 35% 40% 45% a begin? otom begin suddenl symptom begin? om worse? (circle a vard, bending back g, getting up from a (please describe): om better? (circle a t, stretching, exerce (please describe): 'the symptom (circ achy, burning, thro	Evening vorst, please circle t 7 8 9 10 ke do you experience 50% 55% 60% ly or gradually? (cir all that apply): ward, tilting to left, sitting position, lifti all that apply): cise, massage, pain t cle all that apply): bbing, piercing, sho	Night he number the se the above sy 65% 70% 75 cle one) tilting to righting, any move nedication, m	Unaffected I at best describe ymptom at the a 5% 80% 85% Sudde at, turning to lef ement, driving, uscle relaxers, ng, nagging, de	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right, walking, running,
o Morning Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom o Did the symptom o How did the symptom o How did the symptom o Bending forw sitting, standing nothing, other (• What makes the symptom o Rest, ice, head nothing, Other • Describe the quality of o Sharp, dull , a pin-point pain,	Afternoon with 10 being the w 2 3 4 5 6 2 time you are awal 3 35% 40% 45% a begin? otom begin suddenl symptom begin? om worse? (circle a vard, bending back g, getting up from a (please describe): om better? (circle a t, stretching, exerce (please describe): the symptom (circle achy, burning, throogeneralized area o	Evening vorst, please circle t 7 8 9 10 ke do you experience 6 50% 55% 60% ly or gradually? (cir all that apply): ward, tilting to left, sitting position, lifti all that apply): eise, massage, pain t circle all that apply): bbbing, piercing, sho f pain, Other (pleas	Night he number the se the above s 65% 70% 75 cle one) tilting to righ ing, any move nedication, m boting, stabbin e describe):	Unaffected I at best describe ymptom at the s 5% 80% 85% Sudde at, turning to lef ement, driving, uscle relaxers, ng, nagging, dec	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right, walking, running, ep, superficial,
Symptom 2 • On a scale from 0-10, v of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30% • When did the symptom o Did the symptom o How did the symptom o How did the symptom o How did the symptom o Bending forw sitting, standing nothing, other (• What makes the symptom o Rest, ice, hear nothing, Other • Describe the quality of o Sharp, dull , a pin-point pain, • Does the symptom radii o If yes, where	Afternoon with 10 being the w 3 4 5 6 e time you are awak % 35% 40% 45% n begin? otom begin suddenl symptom begin? otom begin suddenl symptom begin? om worse? (circle a vard, bending back g, getting up from a (please describe): om better? (circle a it, stretching, exerce (please describe): om better? (circle a it, stretching, exerce (please describe): The symptom (circ achy, burning, thro generalized area o iate to another part does the symptom	Evening vorst, please circle t 7 8 9 10 ke do you experience 6 50% 55% 60% ly or gradually? (circle) all that apply): ward, tilting to left, sitting position, lifting all that apply): cise, massage, pain the site all that apply): bbbing, piercing, sho f pain, Other (pleas of your body (circle) and the section of the sec	Night he number the set he above sign 65% 70% 75 cle one) tilting to righ ing, any move medication, m poting, stabbin e describe):e one):	Unaffected I at best describe ymptom at the a 5% 80% 85% Sudde at, turning to lef ement, driving, uscle relaxers, ng, nagging, de	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right, walking, running,
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Patient Name: _____ Date: _____

NEW PATIENT HISTORY FORM

• On a scale from 0-10,					
of the time: $0 1 2$	2 3 4 5 6	7 8 9 10			
• What percentage of the	e time you are awal	ke do you experiend	ce the above s	ymptom at the a	above intensity:
5% 10% 15% 20% 25% 30	% 35% 40% 45%	6 50% 55% 60%	65% 70% 75	5% 80% 85%	90% 95% 100%
• When did the symptom					
o Did the symp	ptom begin suddenl	ly or gradually? (cir	rcle one)	Sudde	en Gradual
	symptom begin? _				
• What makes the symptometers	· · · · · · · · · · · · · · · · · · ·	11 • /			
sitting, standin		ward, tilting to left, sitting position, lift			
• What makes the sympt	tom better? (circle a	all that apply):			
o Rest, ice, hea	at, stretching, exerc	ise, massage, pain	medication, m	uscle relaxers,	
nothing, Other	(please describe):				
• Describe the quality of					
		bbing, piercing, sh	0	0. 00 0.	I · I · ·
	-	f pain, Other (pleas	·		
 Does the symptom rad 		• • •	/	Yes	No
		radiate?			
				Davi	Night
• Is the symptom worse				Day	-
o Morning Symptom 4 • On a scale from 0-10,	Afternoon with 10 being the v	Evening vorst, please circle	Night	Unaffected l	by time of day
o Morning Symptom 4 • On a scale from 0-10,	Afternoon with 10 being the v 2 3 4 5 6 e time you are awal	Evening vorst, please circle t 7 8 9 10 ke do you experience	Night the number the ce the above s	Unaffected l at best describe ymptom at the a	by time of day s the symptom mo above intensity:
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin?	Evening vorst, please circle t 7 8 9 10 ke do you experiend 6 50% 55% 60%	Night the number that ce the above sy 65% 70% 75	Unaffected l at best describe ymptom at the a	by time of day s the symptom mo above intensity:
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin sudden	Evening vorst, please circle f 7 8 9 10 ke do you experience 50% 55% 60%	Night the number that ce the above sy 65% 70% 75 rcle one)	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% m Gradual
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symp o How did the	Afternoon with 10 being the v 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin suddenl symptom begin? _	Evening vorst, please circle r 7 8 9 10 ke do you experience 50% 55% 60%	Night the number that ce the above sy 65% 70% 75 rcle one)	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% m Gradual
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symptom o How did the • What makes the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin suddenl symptom begin? tom worse? (circle	Evening vorst, please circle to 7 8 9 10 ke do you experiend 6 50% 55% 60% ly or gradually? (cin all that apply):	Night the number that ce the above sy 65% 70% 75 rcle one)	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% on Gradual
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symptom o How did the • What makes the symptom o Bending forw sitting, standing	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin suddenl symptom begin? _ tom worse? (circle ward, bending back	Evening vorst, please circle of 7 8 9 10 ke do you experience 50% 55% 60% ly or gradually? (cin all that apply): ward, tilting to left, sitting position, lift	Night the number that ce the above sy 65% 70% 75 rcle one) , tilting to righ	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symptom o How did the • What makes the symptom o Bending forw sitting, standing	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin sudden! symptom begin? _ tom worse? (circle w ward, bending back ag, getting up from (please describe): _	Evening vorst, please circle to 7 8 9 10 ke do you experient 6 50% 55% 60% ly or gradually? (cin all that apply): ward, tilting to left sitting position, lift	Night the number that ce the above sy 65% 70% 75 rcle one) , tilting to righ ing, any move	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
o Morning Symptom 4 • On a scale from 0-10, of the time: 0 1 2 • What percentage of the 5% 10% 15% 20% 25% 30 • When did the symptom o Did the symptom o How did the • What makes the symptom o Bending forv sitting, standin nothing, other • What makes the symptom	Afternoon with 10 being the w 2 3 4 5 6 e time you are awal % 35% 40% 45% n begin? ptom begin sudden! symptom begin? tom worse? (circle ward, bending back ng, getting up from (please describe): tom better? (circle a	Evening vorst, please circle to 7 8 9 10 ke do you experient 6 50% 55% 60% ly or gradually? (cin all that apply): ward, tilting to left sitting position, lift	Night the number that ce the above sy 65% 70% 75 rcle one) , tilting to righ ing, any move	Unaffected b at best describe ymptom at the a 5% 80% 85% Sudde	by time of day s the symptom mo above intensity: 90% 95% 100% en Gradual t, turning to right,
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Patient Name: _____ Date: _____

NEW PATIENT HISTORY FORM

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