

**Family Spine Center
CHRIS KEMPER, D.C.**

Date: _____

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Name _____ Cell Phone _____

Email address _____ Home Phone: _____

Address _____
Street City State Province Country Zip Code

Age _____ Birth Date _____ Male / Female Married: Yes / No # of Children _____

Height: Inches: _____ Cms _____ Weight: Pounds _____ Kgms _____

Occupation(s) _____ How many years _____ Second Occupation: _____ Years: _____

Date your symptoms began or the date of your accident _____

What caused your symptoms: _____

Are these conditions interfering with your (Circle one): Work? Y N Sleep? Y N Daily Routine? Y N Exercise? Y N

Have you had an MRI? Y N /// CT? Y N //// X-rays? Y N //// EMG? Y N Bone Scan? Y N Other? _____

Have you had spine surgery? Rectal surgery? Y N Female surgery Y N ? For what: _____

List all medications, including over the counter taken recently: _____

Are you diabetic? Y N Have you ever had a heart attack? Y N ////, Stroke? Y N //// Seizure? Y N

Epilepsy? Y N //// Concussion? Y N //// Coma? Y N Do you smoke? Y N

List the 3 areas of pain most important for you to be cured, if possible: 1: _____ 2: _____ 3: _____

Do you wear: Heel lifts? Y N Orthotics? Y N

Is this condition getting progressively worse? Y N Worse in the A.M.? Y N P.M.? Y N

What do you think is causing your pain? _____

Have you lost flexibility? Measure the distance from your fingertips to the floor in inches or Cms
Please make sure your knees are locked and your feet are together _____”



What other doctors have you seen for this condition Neuro, Ortho, Pain Management, Chiro, Physio? _____

Do you have any infectious disease? Y N. Do you have cancer? Y N

Are you pregnant? Y N If yes, due date _____

Number of Children: _____

How was the delivery: Hours in labor: _____ Back labor: Y N. C-Sections: Y N

Other details if abnormal or difficult _____

Circle "C" ...for Current symptom.
 Circle "P" ... for a complaint in thePast.
 Circle "N"....if you never had t he symptom listed
 Circle "C" and "P" if both apply .

Put the letter A, B, N, P, S, or O on the diagrams below, where the particular symptom occurs:
 A = Ache B = Burning N = Numbness
 P = Pins & Needles S = Stabbing O = Other

Neck:

Pain C P N
 Stiffness C P N
 Swelling C P N
 Cracking C P N
 Popping C P N

Headache

Back of skull C P N
 Side of skull C P N
 Forehead C P N
 Around eyes C P N
 Type (circle choice):
 Migraine / Cluster / Tension
 Frequency = ___ X per Week.

Arm Pain C P N

Shoulder Pain C P N

Eyes Ears Nose and Throat:

Tuberculosis C P N
 Allergies C P N
 Asthma C P N
 Nose Bleeds C P N
 Deafness C P N
 Ear Ringing C P N
 Dizziness C P N
 Vertigo C P N
 Blindness C P N
 Other: _____

Upper Back Pain C P N

Mid Back Pain C P N

Lower Back Symptoms:

Pain C P N
 Stiffness C P N
 Swelling C P N
 Stabbing C P N
 Aching C P N
 Popping C P N
 Scoliosis C P N

Pelvic Symptoms

Rectal Pain C P N
 Vaginal Pain C P N
 Pelvic floor Pain C P N
 Coccyx Pain C P N
 Pain Sitting C P N
 Pain defecating C P N
 Pain Urinating C P N
 Groin Pain C P N
 Sexual Pain C P N

Jaw:

Pain, Cracking: C P N
 Pops or Snaps C P N

Joints:

Arthritis C P N
 Bursitis C P N
 Elbow Pain C P N
 Wrist Pain C P N
 Hand Pain C P N
 Knee Pain C P N
 Ankle Pain C P N
 Feet are flat Y N
 Feet ache Y N
 Toes are bent Y N
 Toes are sore Y N

Gastrointestinal:

Heartburn C P N
 Indigestion C P N
 Gas C P N
 Nausea C P N
 Stomach pain C P N
 Ulcers C P N
 Kidney Stones C P N
 Colon trouble C P N
 Hemorrhoids C P N
 Fissures C P N
 Proctitis C P N
 Diarrhea C P N
 Constipation C P N
 Bleeding C P N
 Prostrate trouble C P N
 Other: _____

Genitourinary:

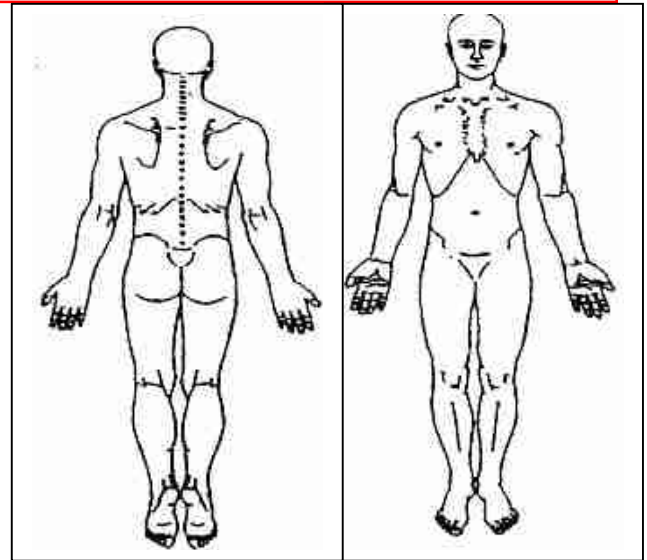
Infections C P N
 Incontinence C P N
 Impotency C P N
 Blood in urine C P N
 Other: _____

Menstruation:

Excessive C P N
 Light C P N
 Frequent C P N
 Missed C P N
 Clotting C P N
 Cramping C P N
 Menstrual Backache C P N
 Breast Pain C P N
 Other: _____

Depression Related To:

Pain C P
 Sleeplessness C P
 Inability to work C P
 Other: _____



Tailbone:

Hard fall on Buttocks: Dates of worst injury:

1st recalled tailbone injury: _____
 2nd recalled tailbone injury: _____
 3rd recalled tailbone injury: _____

Pain extends up into back: C P N
 Pain extends out to hips: C P N
 Pain extends into rectum: C P N
 Pain extends into vagina: C P N
 Pain extends into testicles: C P N
 Pain extends into legs: C P N
 Pain extends into thighs: C P N
 Pain can extend into heels or feet: C P N
 Pain when coughing: C P N
 Pain when sneezing: C P N
 Pain mostly when sitting: C P N
 Pain is more of a Numbness: C P N
 Weakness into legs: C P N
 Weakness into back:: C P N
 Bladder is weak: C P N
 Urine loss is just a dribble: C P N
 Urine loss can be a little stream: C P N
 Urine loss necessitating a pad: C P N
 How long have you had pain? _____
 Tailbone Protrudes Yes / No
 Tailbone Bent Forward Yes / No
 Tailbone Broken / Dislocated Yes / No
 Hips feel stuck: C P N
 Pelvic feels locked: C P N
 I feel tension or spasms in my
 pelvis that are hard to describe: C P N