



LORDEX®

Lordex Spine Center of Columbia, P.C.
3400 Buttonwood Dr. Ste. C
Columbia, MO 65201
Dr. Brooks Travis, D.C.
Dr. Sudhir Batchu, M.D., M.S.

Date: _____

(Please print clearly)

Name: _____ DOB: _____

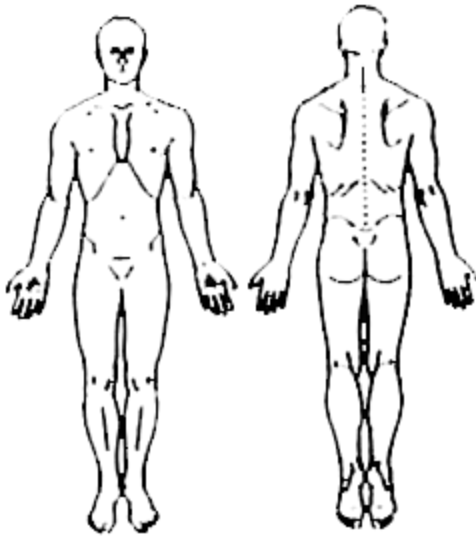
Reason for visit: _____

When did symptoms start? _____

Is this injury related to work or automobile accident? _____ Date of injury: _____

If work related, have you reported this to your employer? _____

Please mark your symptoms below:



Type of Pain

- Shooting
 - Throbbing
 - Burning
 - Dull
 - Sharp
 - Aching
 - Tingling
 - Neck Pain
 - Headache
 - Chest pain
 - Neck Stiffness
 - Irritability
 - Dizziness
 - Ringing in ears
 - Loss of balance
 - Sleeping Problems
 - Shortness of breath
 - Head seems heavy
 - Numbness in toes
 - Pins & needles in arms
- Other _____

Please rate your pain today: 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Are the symptoms getting worse? Yes No

Are the symptoms constant or comes & goes?

What treatment have you already receive?

Please list all medications you are currently taking:

Please list all surgeries & dates: _____



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Have you ever had chiropractic care before? _____ If so, when? _____

Date of last physical: _____ Family physician: _____

What level of exercise do you perform on a daily basis? ___ None ___ Light ___ Moderate ___ Heavy

What do your daily habits include? (ex: sitting, standing, light labor, heavy labor, computer labor):

Do you smoke? ___ Yes ___ No How much per day? _____

(Women) Are you pregnant? ___ Yes ___ No Do you have normal pregnancies? _____