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Referred By _____

NAME _____ PREFERRED _____ DOB _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____ EMPLOYER _____

CONDITION 1

Please List Problems in Order of Their Severity

Describe your symptoms _____

When did your symptoms start? _____ What caused them? _____

How does it feel? (ache, sharp, burn, etc.) _____ What makes them feel worse? _____

What makes them feel better? _____ Does the pain travel or spread? _____, If so, where? _____

Do you have any numbness? _____ How often do your symptoms occur? _____

Have you had similar problems in the past? _____

Have you seen any other physicians for this condition? _____

Dr's Notes: _____

CONDITION 2

Describe your symptoms _____

When did your symptoms start? _____ What caused them? _____

How does it feel? (ache, sharp, burn, etc.) _____ What makes them feel worse? _____

What makes them feel better? _____ Does the pain travel or spread? _____, If so, where? _____

Do you have any numbness? _____ How often do your symptoms occur? _____

Have you had similar problems in the past? _____

Have you seen any other physicians for this condition? _____

Dr's Notes: _____

How would you rate your stress levels? (0= no stress, 10= high stress) _____ Do you exercise? _____ How Often? _____ What Activity? _____

Do you take vitamins/supplements? _____ If so, what kind _____

Are you currently under another physicians care? _____ If so, for what? _____

Are you currently taking any medications? _____ If so, what kind? _____

Have you had any surgeries? _____ If so, when/describe _____

Do you have any history of significant illness in your family? _____ Please List _____

Have you had any accidents/traumas? _____ If so, when/describe _____

Have you ever been treated by a chiropractor before? _____ When? _____

Do you have a Pace Maker or any other heart condition? _____